Bulletin of Anomalous Experience

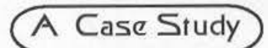
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In This Issue

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Editorial



A Case Study

by David Gotlib, M.D.

The portion of this issue's literature review section dealing with disorders of sleep and wakefulness was prompted by a recent case of mine. Mike, a man in his mid-fifties presented in order to confirm his suspicion that he was an abductee. He related a number of unusual experiences like the following, which occurred at age 27 when he was doing shift work as a technician for a mining company: He was driving home shortly after midnight, when he found his way blocked by a wood buffalo standing in the middle of the road. He particularly remembers its large round black eyes shining in the light from his headlights. It wouldn't move, and eventually charged past his car into the bush lining the road. He continued on his way home and arrived there two hours late, a much longer delay than could be explained by the few minutes during which his way was blocked by the wood buffalo.

Two days later, on his way home down the same route, he stopped to look at the spot where the buffalo thundered past him. There was a wire fence in front of the trees. The fence was continuous and unbroken, and the surrounding bush showed no signs of being disturbed. He noted that buffalo sightings are extremely rare in that area, and neither he nor anyone he knows has encountered buffalo on the road before or since.

On another occasion (again in his late twenties), he experienced a similar gap in his memory. Driving home late at night after the same shift work job, he recalls stopping at a red light at a traffic intersection in town; the next thing he knew, he was turning off the ignition at home 14 miles away. His amnesia for the portion of the drive after stopping at the red light terrified him. He told this story to his family physician, who was unable to find a physical cause for this incident.

He recalled unusual experiences as early as age 5. They continued for the next ten to twelve years. During these incidents, he would feel controlled by entities, which compelled him to go the basement. There he would see a bright light in which there would be humanoid faces. The faces reminded him of African or medieval masks. They would communicate to him "telepathically." He felt he was being "programmed." That is, he was being given important instructions, which (although he did not understand or recall them) he would act on at some appropriate time in the future. He would feel frightened after these incidents, and would feel weak and nauseous for a period of from several hours to several days.

He has seen "UFOs," bright lights in the sky behaving in an unusual manner, on a number of occasions. His wife and children also observed some of these UFOs.

He wrote of these experiences in a detailed 8-page letter to Whitley Strieber in 1987 (he did not receive a reply). He began the letter saying that the experiences described by Strieber in Communion, and Budd Hopkins in Intruders, "were very similar in content and feeling" to his own, and that "there is a strong correlation between some of my experiences and those described in Intruders, in particular the 'missing time' experiences."

He wrote further, "I have suffered all the mental confusion and anguish which you have described as surrounding [abduction experiences]. On the one hand I can recall having my father turn on me and threaten me with severe punishment if I should repeat to anyone what I had told him of one of the early 'abduction' experiences, an experience I fully believed, and still believe, to have been real. On the other hand, I know that I had frequently felt compelled to make up and continuously repeat stories about events that I knew never happened to me, even though there was not the least imaginable advantage to me in doing so. In fact, I could in most cases be certain of receiving a licking for lying as well as ridicule and scorn from my friends. I can recall my mother at some point saying that either I was such a liar that I fully believed my lies, or that I repeated them so often that I came to believe they were facts."

The letter continues, "I felt a strong, almost irresistible compulsion to write you. Also I started to have very strong migraine-type headaches immediately I commenced putting my thoughts to paper, and they have not gone away to date. I have never had such headaches before. I don't know that the two events are related but the coincidence is too strong to ignore...If the experiences I have related have added to your understanding of the phenomena then I will have given to you something in return for the feelings of release and relief I experienced when reading your and Budd's books..."

Mike is the oldest of three children. He was born to a middle-class Roman Catholic family, and educated in a Catholic school system. He described himself as a difficult child, disobedient and lazy. He was a bright but lackadaisical pupil. After high school he became a research technician, married at 21, fathered four children, and at 29 went to university where he graduated second in his class and went on to earn a Masters degree in science. He pursued a successful career as a research scientist, culminating in becoming chief of his department, managing a staff of 100.

His siblings deny abduction experiences, He says his mother and paternal grandmother were "psychic, " and his grandmother was a healer.

So far Mike sounds like a classic abductee, with missing time, screen memories, history of encounters dating back to childhood, and a compelling feeling of recognition upon reading books about abduction experiences.

However, significant in Mike's medical history is a longstanding severe obstructive sleep apnea, present since childhood but only diagnosed when he was in his thirties. Of the many treatments attempted, only the CPAP (continuous positive airway pressure) device worked, but it irritated his nasal passages and he is able to use it for only a few hours at a time. He had one fainting spell in his life, which he said was originally thought to be a petit mal seizure, but this was never confirmed. He said that at one time someone thought he had narcolepsy, but this was looked into and found not to be true. His sleep apnea is followed on a yearly basis by a specialist in sleep disorders. He had triple bypass surgery in 1987. He had been off work on long-term medical disability for the sleep apnea and cardiac problems for 18 months at the time I first met him.

Mike was a bit unclear on the history of his sleep disorder, including his memory that someone had suggested narcolepsy but the diagnosis was never confirmed. I told him I needed a report from his sleep specialist. While we waited for that appointment, we discussed various interpretations of these experiences in the literature. We also discussed the personal meaning of these experiences for him. Initially he saw them as intrusive and traumatic, and felt they had influenced or controlled his life decisions in some way he was not sure about. While not denying this, I also suggested he consider the growth and personal change these experiences may have stimulated. For instance, his insight into other worlds and other possible realities may have stimulated his creativity and, in his childhood, reinforced his independence from an strict, authoritarian father. He became tearful at this, saying that he felt these ideas hit close to home.

The following session he said he had been reflecting on the "net" vs "gross" effects of these experiences. He felt a sense of calm and relief; the week after our last session was the first week in a long time that he did not think or talk much about it. We discussed the unusual experiences further over the next few weeks, along with other family issues. He no longer felt disturbed or distressed by them, and his mood and anxiety-related problems had significantly improved.

The appointment with the sleep specialist came about two months after that. The doctor told me that Mike did indeed have narcolepsy, as well as severe sleep apnea. In fact, the doctor said Mike had been diagnosed as having narcolepsy for quite some time, and was surprised that Mike was not aware of the diagnosis, especially as it had been confirmed by extensive sleep studies and a genetic test. The doctor said he believed Mike has suffered from both sleep disorders since childhood, and that the hallucinations he experienced were caused by the narcolepsy.

My conclusion in this case is that Mike's missing time experiences and childhood encounter experiences were most likely caused by his sleep disorder. Mike and I discussed this, and I provided him with information about sleep disorders in general and narcolepsy in particular. He was, and continues to be, satisfied with this answer. His anxiety and preoccupation with the experience have disappeared.

One might argue that this diagnoses does not rule out the possibility that Mike is also an abductee. I discussed this argument with Mike as well. I told him that I did not think hypnotic regression was a good idea to look for repressed memories of abductions, because we would not be sure how much of what he remembered under regression were actual memories and how much were "filled in" by his unconscious. He was satisfied with this rationale, and to this day feels no need or desire to undergo hypnosis.

To summarize:
1. Mike reported a childhood history of encounters with alien entities; multiple episodes in adulthood of missing time, with apparent screen memories in some cases; he was deeply disturbed about these experiences; friends and family disbelieved him, and he was forced to keep these experiences a secret; and he experienced a strong sense of recognition and identification, and fear coupled with relief, on reading of alien abduction stories.
2. Mike's sleep disorder can account for all of these phenomena.
3. Psychotherapeutic work based on this explanation for his experiences was successful, in that it led to a reduction of his symptoms, an end to his preoccupation with these experiences, and a greater sense of well-being and self-esteem.

This case illustrates a number of important, and I think under-appreciated, aspects to working in the field of abductions:
1. The fact that a bizarre experience is subjectively real to the experiencer and produces trauma *does not necessarily mean that it happened in event-level reality*.
2. Missing time with or without "screen memories," as described in Intruders and elsewhere in the abduction literature, is *not* unique to the abduction experience.
3. Some of the medical conditions that can produce abduction-like situations (besides sleep disorders, dissociative disorders also comes to mind) are difficult to diagnose. They require a high index of suspicion. It must also be remembered that in Mike's case, he was told a number of times that he had narcolepsy, but either did not understand this clearly, or simply did not remember it.

The articles on sleep disorders which appear later in this issue discuss how individuals with less-than-complete boundaries between states of sleep and wakefulness may have a number of bizarre experiences. Our understanding of these states is still rudimentary. We have no idea about the prevalence of such problems in the population of abductees. All those working in the field should be aware of sleep disorders and how they can, as in Mike's case, produce experiences that mirror those expected in abductees.

Mail

More on "Alien Abduction Workload"

Dennis Stacy continues the discussion about Bob Durant's "Alien Abduction Workload" article from BAE Vol. 4 No. 1. Stacy's original comments on the article appeared in Vol. 4 No. 2, and Durant's reply to those comments in No. 3. Stacy replies:

Frankly, I'm somewhat perplexed as to what Mr. Durant is trying to get at. Is he implying that no new numbers can be introduced into the abduction literature, even on a speculative basis? The New Revised Abduction Scenario accepts the Roper Report numbers of 3.7 million American abductees as at least a partial reflection of the number of actual abductions having taken place in this country alone. (Indeed, the NRAS is responsible for the Roper Report in the first place.) The NRAS also postulates that each individual is repeatedly abducted over their lifetime, beginning in early childhood. Thus each of the 3.7 million abductees may have been physically abducted five, ten or fifteen times, presumably resulting in 407 or 814 million physical abductions worldwide, or as many as 1.2 *billion* abductions. (As a result of multiplying the American population by 22, a number supplied, incidentally, by Mr. Durant himself) The NRAS also concludes that the purpose of all these abductions is the production of physical, hybrid offspring, i.e., fetuses half-human and half-alien. If one assumes that a billion abductions have indeed taken place, and that ten abductions are required to produce a single offspring, then my figure of 100 million hybrid babies floating around is just as logical as Mr. Durant's own extrapolations from numbers already extant in the literature. (Did I miss a deadline for inserting numbers into the literature?) If Mr. Durant is uncomfortable with these numbers, perhaps we could substitute something along the lines of a "whole bunch."

My point still remains. Mr. Durant has calculated only the number of aliens required for the actual abductions. Do those same aliens also maintain and fly the saucers, process the genetic material thus acquired, change the diapers, take out the garbage and still find time to lose the luggage? If Mr. Durant's numbers are logical, as opposed to my instinctual ones, then at least two things can be logically concluded: 1) his 6000 abducting aliens must be awfully tired mothers by now; and 2) Gray society has obviously evolved far beyond that aspect of contemporary terrestrial civilization known as the labor union. Being a pilot himself, I had hoped that my allusion to the number of ground support personnel required to keep a 737 aloft might have sounded some sort of logical resonance. Apparently it didn't, for which I can only blame my own lack of artfulness.

To summarize: one can have physical abductions and hybrid babies, and one can have the Roper Report numbers, but one can't have both, as many proponents of the NRAS seem wont to do. If one accepts the Roper Report numbers at literal and face value, then the only logical conclusion one can draw is that the abduction phenomenon as such must of necessity be a psychological phenomenon. Otherwise, a massive, long-term physical intrusion of alien abductors into terrestrial society on the scale implied would long ago have shown up in both the pediatric and psychiatric literature, which, as Mr. Durant points out, both have their own numbers. And until very recently, in fact until the advent of the NRAS, those numbers were remarkably proximate to zilch.

To further complicate the numbers, one has to remember that the Roper Report dealt only with adults, whereas a main tenet of the NRAS is that abductions begin in childhood.

In conclusion I can only reiterate what I said before: Mr. Durant and I can bat back and forth the number of dancing angels on the head of any particular pin until the cows come home, using numbers instinctual or otherwise. Unfortunately, such exercises obscure the real question, which is this: can *any* angel dance on the head of a pin anywhere?

Sky Magic: Colombo replies

from John Robert Colombo, reviewer of Sky Magic.

I am pleased that TV producer David Cherniack was moved to write a response (see *BAE* Vol. 4, No. 3) to my appreciation of his 60-minute CBC-TV production *Sky Magic*. I hope he is equally pleased that I am moved to respond to his reply. (A bulletin like BAE makes possible such exchanges.) Here are my three thoughts on the matter.

Thought No. 1: It is indeed too bad Cherniack had *only* 60 minutes, not 90 minutes or 120 minutes or 150 minutes at his disposal. As an anthologist I always face the problem of limits (though, interestingly, in terms of space, not time). As the poet wrote. "Had I but world enough and time..." Yet it seems to me that the TV producer's task is to produce a shapely work given the time constraints available, in this case, the constraints of sixty minutes (less commercials, etc.). I am not convinced, given his subject, that he needed more than one hour. After all, I can read a book by Jenny Randles in less than one hour (though a book by Hilary Evans takes a little longer). Jane Austin did not write *Pride and;* nor is *War and* the title of Tolstoy's novel.

Thought No. 2: In my review I may have "missed the point" of the production, but if the point is that the UFO phenomenon — specifically the notion of Alien Abduction — is so category-shattering or paradigm-breaking (or mind-numbing) as to require one to revise or reinvent all the sciences, physical and social, then the point is well and truly missed. Some people find it exhilarating to contemplate the notion that the second half of the 20th century has produced a phenomenon that knows no scientific or realistic bounds. In my researches into the history of Spiritualism, I find that the same feeling animated the early spiritualists and their followers. Effects produced in upstate New York by two Canadian-born spiritualists, Katie and Maggie Fox, in 1848, alarmed scientist and religionist; in 1947, in Oregon, Kenneth Arnold reported seeing those archetypal "flying saucers," as distinct from "mystery lights," and thereafter the effects were produced. Yet, somehow, scientists like William James were able to incorporate spiritualism into the fabric of science, reason, and religion. No doubt, within our lifetime, physical and social scientists will succeed in doing the same with the UFO and Abduction scenarios.

Thought No. 3: Perhaps David Cherniack is right when he writes that "*Sky Magic* is not so much a revisionist work as it is part of a long alternative tradition, both in the particular field of Ufology, and in human experience in general." Maybe his TV program is not merely revisionist; but what is this "alternative tradition" of his? Is this "the transvaluation of all values" *à la* Nietzsche; the "secret doctrine" of H.P. Blavatsky, the "traditional thought" of René Guénon, the "total tradition" of Northrop Frye? Or is it, as I suspect it is, New Age "thinking"? If this is the case, it easily includes all and everything, from the crash/retrievals like Roswell to the poetic palaver of gay abductee Dane O'Hara who has the last word ... and word ... and word — despite the irrelevance of these words to ufology. So perhaps Cherniack will excuse me if I prefer to think of his thoughtful program as revisionist rather than as alternative, *Sky Magic* instead of *Sly Magic*.

How Society Determines Abduction Reporting

by Filip Coppens

I would like to explain a few things here, set off by how certain people apparently failed to grasp the core of what I was trying to say in my reply to Mr. Stacy's article.

Perhaps the best way to illustrate the difference between the U.S. and the rest of the world (concerning abductions) is... to compare it with the U.S. itself. If I may quote from private correspondence with a contactee (which is, in this case, equally true for abductees): "As for the tendency not to discuss the contacts with locals here, I believe that you must understand the culture of the deep south. This is what has typically been called THE BIBLE BELT. Almost anything which is not in direct relationship to religion is condemned. (he gives an example how on Sundays not a single shop is open) ... this is a very religious area. As a teacher, I have to maintain a high level of credibility. It is almost a factor in order to maintain a high level of employment". This, of course, is no new revelation; not too long ago you weren't allowed to teach the evolution-theory down there. Throughout the 1950s it was necessary for every homosexual in the United States to keep quiet about his 'sexual preferences' as his were considered to be criminal. Even now it is forbidden when you are a soldier in the U.S. army; when found out, you are thrown out of the army. This, I hope, clarifies what I am (and was) trying to get across (unsuccessfully, it seems).

Let's change the scenery now. UFOs aren't talked about in major news-shows here in Belgium; Larry King Live is the closest thing we get here on abductions (David Jacobs). Not one word about abductions is reported in the papers. Not one word in any magazine. And simply because Strieber's and Hopkins' books get translated doesn't mean UFOs are suddenly the talk of the town. Who buys those books, you think? Quite right: those people who are already familiar with the subject and the odd person who thinks UFOs are very interesting to read about but doesn't believe a thing about them.

Here in Belgium (and I know this goes for France, Germany and Holland as well), many people don't even say to their family they saw a UFO. In the U.S. (and to some extent Britain) many people consider it normal to report a sighting. And yes, many people in the U.S. [don't believe that UFOs are piloted by] ETs and ridicule the subject; but here in Belgium they don't even think there could be such a thing as an unidentified object crossing our skies. It can be compared to the Bible Belt, though in Belgium it isn't rejected on grounds of religions, more on "people's opinion". The best way to prove this is that even during the recent UFO wave here in Belgium, many did not officially inform organizations or authorities of their sighting (just this month I received a person's sighting made during the UFO wave; he hadn't told anyone until then). During that wave, it was "fashionable" to report sightings. Before (and perhaps even after), it was not "normal" to report these things.

I know a small number of abductees here in Belgium. About 75 percent tell their husband or wife (i.e. one in four doesn't); few tell their children; even less tell family. I get about one phonecall every fortnight of a person who believes (s)he might be an abductee. (interestingly, most often (s)he has read not the translated literature but the English books). All try to find out what I do ("do you work with abductees yourself?"), enquire how they could learn more about "it" and say they'll "think about it". Most I never hear from again. Why? It would mean they have to tell someone they are going to meet someone who might possibly say aliens are abducting her or him. They could lie about why they go out and meet me, but most people don't want to do that. From those who do go through with it, I learn that the main reason why they don't tell anyone about "it", their big secret, is because they believe most people won't believe their claims, a belief that is, unfortunately, transformed into knowledge when they try to test that belief. In fact, most think that woman or man is crazy (and, "of course", the mother-in-law is most frequently the first to utter that sentiments if they tell her): "come on, being abducted by aliens! she's lost it." You have to remember that only thirty, even twenty years ago, you could lose your job and social prestige in Belgium when it was found out you were a (free)mason. In the deep south (U.S.), you can lose your job if you tell you are a contactee or abductee; in Belgium, you lose, at the very least, all credibility you so desperately tried to build up during your whole career or life. Wanna risk that? No? So you keep quiet about "it".

So researchers don't know you exist. So people like Mr. Stacy and Mr. Bauer say that there are more abductees in the U.S. than there are in the rest of the world. But the correct statement should read that in the U.S., abductions are more reported and recorded. A second important point is, I feel, that the number of abductees for the U.S. is grossly exaggerated (and I know Mr. Stacy will agree with me). The Roper Report's line of questioning has nothing to do with figuring out how many abductees there are. So to speak, every drunk person has experienced missing time when he tries to account for how he got home after his drinking bout. So if he lists "yes" to that questions and

a few others, he is, for the statistics, an abductee. That's like entering dead people on the voting lists, like one L.B. Johnson did in 1947 (perhaps the Roswell crash were those dead people coming to vote for him??) That doesn't mean those people actually voted for him, even though L.B.J. did have the(ir) votes.

What Mr. Stacy and Mr. Bauer are doing here is similar to concluding there are more reincarnated people in India than in the U.S. as there are more reports coming from India. It is far more logical to conclude everyone reincarnates (though I wouldn't know) but that in India. because their religion teaches reincarnation and society accepts it as "acceptable behaviour", people are more prone to report it. The same goes for the U.S. when it comes to UFOS. When you have an abortion, people in Belgium will accept it more easily than in the U.S. But "we" won't accept UFO abductees... yet. The U.S. does. That is what I was trying to say all along.

LATE NEWS:

Alien Scripture

(Information on the following came in just before press time. It properly belongs in the "Networking" section, but I added it here because it was all I had left without reformatting the rest of the issue.)

Alien Scripture is the title of a new magazine by Kevin McClure, who currently produces The Wild Places (TWP) a quarterly publication about paranormal and anomalous phenomena (it's subtitled "The Journal of Strange and Dangerous Beliefs.") In TWP McClure looks not only at the phenomenology of the paranormal, but how these events affect people and the way they live. I plugged TWP many moons ago, but this is a good time to remind people of this always-informative collection of original articles and reviews of the paranormal literature. The latest issue discusses Paul Devereux's Shamanism and the Mystery Lines , the first instalment of a new column on Conspiracies, and capsule reviews of current paranormal periodicals from Europe and North America.

I can't tell you much about Alien Scriptures besides that McClure describes it as "a remarkable new magazine investigating contact with Non-Human Intelligences." If his approach to TWP interests you, my guess is you'd find Alien Scriptures worth a look.

The first issue will be out by the time you receive this issue of BAE. You can take a chance on ordering it from McClure, or wait for me to say something about it in the next BAE. The first issue is $5 airmail; a four-issue subscription is $18 airmail. (Subs to TWP are $18 for U.S. and Canada, or $5 for a single issue — no personal checks.) Write Kevin McClure at 42, Victoria Road, Mount Charles, St. Austell, Cornwall, England. Tell him I sent you.

About BAE

BAE is a networking newsletter about the UFO abduction phenomenon and related issues, for mental health professionals and interested scientists.
BAE is a forum for presentation of ideas and information, and debate of same. Thus, contributions are encouraged. Comments on anything you see here, brief or lengthy and detailed; articles from the literature you think are relevant to this field; notices of books or journals; opinion pieces. Write!
Our editorial policy was best described by Hilary Evans, who said we try to "comfortably tread the narrow path between the groves of academia and the dust and heat of the marketplace, inquiring and suggesting, not asserting or insisting." We publish most anything, whether we agree with it or not, as long as it's on topic.
We have recently begun an "Experiencer's Section," in recognition of the fact that experiencers have a valuable perspective (as well as a considerable stake) in the discussion.

Instructions for Participating

If you are sending me correspondence regarding items in BAE, or a contribution for publication, unless you clearly state to the contrary I am assuming that you are providing permission to print all or part of it here (at my discretion). If you wish to send me a confidential or personal letter, that's fine too, but please specify in your letter that it is not to be printed. (Most of the time this is obvious, but better safe than sorry).
Lengthy contributions are also welcome on IBM-compatible diskettes (5.25 or 3.5 inch). I am currently running Word for Windows 2.0, but I can work with WordPerfect 5.0 and ASCII (text) files.
Please indicate if your contribution is appropriate for the main body of the newsletter, or for the "Experiencer's Section."

Subscriptions

Subscriptions are now open to pretty much anyone who is interested. We used to limit subscriptions to "mental health professionals and interested scientists," but liberal use of Xerox machines made that restriction meaningless.

The costs for subscriptions and back issues goes up as of the 1993 issue: Subscriptions are now $25 per calendar year; sets of back issues are available at $25 per calendar year. Make checks or money orders payable to "David Gotlib, M.D.," not to the Bulletin.

Copyright Information

How to Reach Me

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Networking

MUFON's Abduction Transcription Project

by Dan Wright

In the Spring of 1992, the 4,500-member Mutual UFO Network, Inc. (MUFON) instituted the Abduction Transcription Project, an effort to compile and analyze audio cassettes of hypnosis sessions and attendant interviews with persons suspected of having been physically abducted by unearthly entities.

Nine participants were initially recruited to participate during an abduction-related seminar held in May 1992 at the Massachusetts Institute of Technology. These included prominent researchers in the field (e.g., Richard Haines, Ph.D.; David Jacobs, Ph.D.; and John Carpenter, LCSW). Three additional researchers joined the original nine in the first year of operation, a year in which over 300 audiotapes were submitted for transcription.

The author likewise recruited MUFON members as volunteers to transcribe the audiotapes under strictures of confidentiality. By July 1993, 30 transcribers were active in the project.

The basic product of the Transcription Project is an alphabetical, cross-referenced Index of significant (or "key") words and phrases arising in the individual transcripts. Most of these primary entries are followed by synonyms that likewise appear.

For each key word/phrase or synonym, the transcript log numbers and pages therein in which it was uttered are included.

Example: Abductees often report having been immobilized at some point in the event. Log and page number citations are included for the resultant key entry, "paralysis", as well as the synonyms "can't move", "frozen", "immobile", and "stuck", among others.

Related, but not necessarily synonymous, terms are cross-referenced after each key entry. For the term "paralysis" are references to "electricity", "heavy", "helpless", "numbing" and "pressure".

As of July 1993, the Index contained approximately 1,500 key words and phrases, supplemented by several thousand synonyms and crossreferences. All entries describe one of the following:

- Vehicle (craft) interior or exterior details
- Entity physical attributes
- Entity procedures (capture, medical or other)
- Entity behaviors and emotional displays
- Subject behaviors and emotional displays
- Physical and other effects on the subject

When a statistically significant number of transcripts are indexed (expected by December 1993), the continually upgraded Index will be shared periodically with all researchers submitting audiotapes and with others who have a demonstrated, substantial interest in abduction research.

Individual researchers can then request actual transcript pages containing key words/phrases mentioned by their own or others' subjects. Surrounding pages will be provided as well in order to place each factor in the best possible context. They may then use the pages of text to perform whatever manner of research.

Requested combinations of words and phrases are likely to involve complex word searches of the transcripts and thus require both a powerful and sophisticated PC system.

At their respective Board of Directors meetings, MUFON and the Fund for UFO Research agreed to share the expenses (about $8,000) for hardware and software entailed in that effort. Ongoing costs of mailings and materials (about $2,500 per year) are borne by MUFON. The project is open-ended and expected continue for several years and eventually involve thousands of transcripts.

By fair readings of the initial few hundred transcripts, this planet has been visited regularly by multiple **groupings** of alien entities (usually diminutive types subordinate to a taller type). While agendas among the groupings seem similar (including reproduction techniques and the implantation of minute devices in the subjects), respective motivations are less certain.

Therefore, perhaps only by a massive and intricate effort of this nature can essential conclusions be reached:

- Is human society beset by a solidified alien force or, conversely, separate forces perhaps at cross-purposes?
- Can any such purpose(s) - and thus entity types - be regarded as specifically benevolent or malevolent?

Interested persons who conduct interviews/hypnosis of possible abduction subjects or otherwise engage in comparative analysis of abduction events are invited to participate. Credentials should be submitted to: Walter H. Andrus, MUFON International Director, 103 Oldtowne Road, Seguin, Texas 78155.

Abductions and Astrology: A Research Project

Astrologer Robert S. Kimball sent along information about the following research project. Interested parties are invited to participate by forwarding the required information (noted below) to him at 4-D Country Club Lane, Milford, MA 01757. Mr. Kimball's telephone number is (508) 473-6778.

The purpose of this study is to determine whether or not major astrological configurations are more likely to occur at times when a person is having an apparent U.F.O. "abduction" experience. My 18 years experience as a professional astrologer has taught me that major life-transforming, cathartic, or otherwise extremely intense experiences that "shake" a person to his or her core are often indicated by Saturn, Uranus, Neptune, or Pluto forming hard angles (0, 45, 90, or 180 degrees) to the so-called "personal planets" in a person's natal (birth) horoscope. By generating random event times and dates it will be possible to determine whether or not my initial findings are statistically relevant.

Under no circumstances will a person's name be used in the study unless written authorization is given. All cases will be assigned a file number so that complete confidentially can be maintained. It is entirely possible that a book or article will be the end product of this research. I also want to test Kenneth Ring's theory that there are persons who are more "encounter prone" than most people. Thus, various configurations in the birth horoscope will be compared to a randomly selected control population.

Initial results are extremely promising, but a larger sample size is needed before statistical significance can be ascertained.

Information Requested:
In order to determine if there are significant astrological cycles occurring at the time of time(s) of your encounter(s) the following information is required:
-Date, Place and Time of Birth

(Note: the time of birth is extremely important. If possible, please attempt to obtain this information. If you don't know your exact time of birth, what do you know about it? In any case, if you want help, call me.)

-At what age or what date in childhood do you feel that you had some type of meaningful encounter?
Briefly describe what took place.

-Please give the dates (and approx. time, if known) and town for one or more of the most significant and powerful encounters for which you are quite certain of the date, and briefly describe what took place for these dates.
(Note: a "sighting" is not enough, it must be more interactive, more confrontive.)

-If you would like to know what we discover regarding the astrological significance of the dates you provide, as well as our initial research findings, please provide your name, address, and phone number. Indicate if I can call you if I have more questions.

All personal statistics (name, address, etc.) will be kept strictly confidential.

Contact Forum: The Round Table of Universal Communication

Marc Davenport sent BAE a press release (portions of which are reproduced below) for this new magazine, to be published by WildFlower Press. The approach to the abduction and contactee phenomenon is similar to other WildFlower Press books (like Healing Shattered Reality, discussed in BAE a few issues back), and is best summarized in this part of the second paragraph below:

> *"...almost none of the abductees exhibit psychopathology. In other words, their experiences must be real."*

As far as I know, the first issue has not been produced yet. Marc welcomes articles; for instructions on submission, write him at Contact Forum, P.O. Box 297, Manhattan, KS 66502-0002. For information on subscriptions and distribution, contact Pamela Meyer, Subscriptions Editor; Wild Flower Press, P.O. Box 230893, Tigard OR 97281.

Have you been contacted by UFO occupants? Are you one of the growing number of therapists teaming to counsel those who have? Are you a researcher who has worked with *abductees, contactees, selectees or experiencers?* If so, it is extremely important that you share your knowledge with others.

The number of people claiming to be abducted by extraterrestrials, taken aboard spacecraft, examined, and even used for breeding experiments has mushroomed in recent years. Surveys sponsored by the Bigelow Holding Corporation and conducted by the Roper Organization indicate millions of Americans may be abductees. And as psychiatrist John Mack of Harvard University and others have noted, almost none of these people exhibit psychopathology. In other words, *their experiences must be real.* But many desperately need help coping with the trauma that contact causes. Another large group, including contactees and *channelers* (interdimensional communicators), who claim benevolent contact, may need less counseling, but urgently wish to share information.

Abductees and contactees have become factionalized over whether ETs are good or bad. UFO researchers' valuable time has been used up taking soil samples and trying to force information from governments. Most psychologists, psychiatrists and social workers have remained ignorant of the single fastest-growing need for their services — treatment of contact trauma. And, since many commercial publishers are interested only in the profit potential of articles or require high literary standards, many contactees and interdimensional communicators have no way to share the important information they are receiving. Meanwhile, contact continues unabated and grows exponentially. It appears to be part of a grand plan no human fully understands.

CONTACT FORUM will provide a forum for communication among people in all these groups. We hope this will nurture understanding and ease the transformation of human consciousness that contact with other intelligences has already begun to cause, and which will inevitably continue, regardless of how many refuse to believe it. We will try to give everyone interested in this subject an opportunity to "network" — to exchange ideas and information — without having to travel to conferences or publicize their identities.

We ask all of you to send us personal accounts of contact, how you have learned to cope with contact, how it has changed you, how you have learned to treat others who have been contacted, or what you have learned from studying the contact phenomenon. As soon as we receive enough publishable material, we will publish our first newsletter.

Don't worry that you are not a professional writer, just do the best you can. It is the information you can share that is important, not your writing style....NO FICTION PLEASE....We cannot pay for stories at present because doing so would invite fiction and increase the cost of our newsletter beyond what many readers can afford. But if we publish your story, we will send you the issue of CONTACT FORUM in which it appears and the next three issues free of charge.

We will not seek most advertising. While we recognize that it helps reduce the cost of mass-marketed, commercial publications, our newsletter will be sold by subscription, and we assume our readers will want information, not hype. However, since counselors who are ignorant of the contact phenomenon can do more harm than good to experiencers, we will encourage psychologists, psychiatrists, social workers and other professionals who study or treat contact trauma to advertise their addresses, phone numbers and information about their specialties, support groups, conferences, etc. in CONTACT FORUM for a nominal fee. To keep our readers informed, we will also accept — for a nominal fee and if we consider them relevant to our subject — announcements of UFO organizations, conferences, etc. and book reviews.

...Thank you for joining our dialogue on what may be the most significant event in history.

PSI Research in Freiburg, Germany

Here is the information promised last issue about PSI research in Freiburg, Germany. The following was provided by Eberhard Bauer of the Institut für Grenzgebiete der Psychologie und Psychohygiene [Institute for Border Areas of Psychology and Mental Hygiene] of Frieburg.

At present, there are three institutions in Freiburg dealing with parapsychology. These are, in chronological order:

Institut für Grenzgebiete der Psychologie und Psychohygiene [Institute for Border Areas of Psychology and Mental Hygiene]; address: Eichhalde 12, D-7800 Freiburg i.Br., Phone: 0761-55035.

The Institute was founded in 1950 by Professor Hans Bender (1907-1991), the pioneer of German post-war parapsychology. It is subsidized chiefly by a private foundation, the *Fanny-Moser-Stiftung*, named after the Swiss biologist and poltergeist researcher Dr. Fanny Moser (1872-1953). The Institute provides an information service for the general public, and conducts field research into cases of spontaneous psi phenomena, especially outbreaks of Recurrent Spontaneous Psychokinesis (RSPK) or "poltergeist". In addition it offers counseling for persons disturbed by alleged psi or "anomalous" experiences.

The institute also serves as an historical/archival center for written material relevant to the development of German psychical research

from its forerunners, spiritism and occultism, to present day parapsychology. At the heart of the institute is a 23,000 volume library, one of the largest collections of books and other materials on scientific parapsychology and related areas in Europe. Its topics include occultism, spiritualism, magic, dowsing, unorthodox (paranormal) healing, astrology, ufology, cryptozoology, "Forteana" and "anomalistics" in general. The library receives approximately 260 periodicals from around the world, including the major journals of scientific parapsychology published in English, French, Italian., Spanish, Dutch and other languages. The library is funded as a "special library" for parapsychology by the *Deutsche Forschungsgemeinschaft* [German Foundation for Research]. Books and journals can be borrowed by individuals and other libraries directly from the Freiburg University library. Staff members include two professional psychologists and a professional librarian. After Bender's death in 1991, Professor Johannes Mischo, who holds the chair for psychology and border areas of psychology at Freiburg university (see below), was elected as the new director of the Institute.

Abteilung für Psychologie und Grenzgebiete der Psychologie des Psychologischen Instituts der Universität Freiburg i.Br. [Department of Psychology and Border Areas of Psychology, Psychological Institute, University Freiburg i.Br.]. Address: Belfortstraße 16, D-7800 Freiburg i.Br., Phone: 0761-203.4154 (secretary).

In 1954 a chair for *Grenzgebiete der Psychologie* [Border Areas of Psychology] was created at Freiburg University. It was held by Prof. Hans Bender. The chair was changed into a full professorship in "Psychology and Border Areas of Psychology" in 1967. When Bender retired in 1975 he was succeeded by Prof. Johannes Mischo, who, after Bender's death in 1991, also became director of the independent *Institut für Grenzgebiete der Psychologie und Psychohygiene* (see above). The chair deals mainly with topics of conventional psychology such as psychodiagnostics, social psychology, and personality assessment. Because merely 30% of the teaching and research facilities of the chair are devoted to "border areas of psychology" (including parapsychology), experimental psi research is only possible on a very limited scale. In the last few years, several questionnaires and interview studies were conducted regarding "occult practices" in juveniles. At Freiburg University, Professor Mischo conducts courses and/or lectures on parapsychology or border areas of psychology which may be attended by students from different disciplines. Furthermore, it is possible to choose parapsychology as an optional and additional study for the final examination for the German academic degree of *Diplompsychologe* within the normal curriculum of psychology. The staff of the chair consists of a regular full-time research associate, several student collaborators, and a half-time secretary.

Parapsychologische Beratungsstelle der "Wissenschaftlichen Gesellschaft zur Förderung der Parapsychologie" (WGFP) [Parapsychological Counseling Center of the Scientific Society for the Advancement of Parapsychology]. Address: Hildastraße 64, D-7800 Freiburg i.Br., Phone: 0761-77202.

The *Wissenschaftliche Gesellschaft zur Förderung der Parapsychologie (WGFP)*, founded in 1981, is a private organization comprised of German scientists from various disciplines and other persons interested in problems of scientific parapsychology. The primary goal of the Society is to advance and support serious parapsychological research by forming an "invisible" network of interested scientists, scholars, and students. Another purpose is to educate the public by disseminating reliable information about parapsychology. One of the Society's major activities is the organization of annual workshops on current problems of psi research and "anomalistics" in general. Since 1989, the WGFP has provided a parapsychological counseling center, now officially funded by the state of Baden-Württemberg. The center is directed by the physicist and psychologist Walter von Lucadou, D.Sc., Ph.D., formerly assistant to Mischo's university chair (1979-1985) and Visiting Research Fellow (1985-1987) at the (now defunct) Parapsychological Laboratory at Utrecht University, Netherlands. The Center offers information and counseling services, especially regarding "occult practices" among young people, and investigates spontaneous psi experiences. Interested persons may participate in standardized psychokinesis (PK) experiments with random number generators (RNGs). The WGFP has formed close connections with the international parapsychological community and hosted the 34th Annual Convention of the Parapsychological Association (Heidelberg 1991).

The WGFP currently publishes, together with the *Institut für Grenzgebiete der Psychologie und Psychohygiene*, a scholarly journal, the *Zeitschrift für Parapsychologie und Grenzgebiete der Psychologie* [Journal of Parapsychology and Border Areas of Psychology]. Founded in 1957 by Professor Hans Bender, the *Zeitschrift* covers the whole field of parapsychology (spontaneous paranormal experiences, field work, experimental research, and theoretical developments), including its history, methods, results, problems and controversies. Most articles of the *Zeitschrift* contain English abstracts. The editorial staff is composed of Eberhard Bauer and Walter von Lucadou, managing editors, Johannes Mischo, and Sybo A. Schouten (Utrecht). For technical reasons, the Zeitschrift is usually published in two double issues (Nos. 1&2 and Nos. 3&4). The subscription address of the Zeitschrift is: WGFP-Geschäftsstelle, Hildastraße 64, D7800 Freiburg i. Br. The subscription price is DM 80.00 per year.

More information on German parapsychological research can be found in:

BAUER, EBERHARD [compiler]: *Grenzgebiete der Psychologie* [special Bibliography on German Parapsychology]. Schriftenreihe "Bibliographien zur Psychologie", No. 85. Published by: Zentralstelle für Psychologische Information und Dokumentation, Universität Trier, 1992 [Copies can be ordered from: ZPID, Universität Trier, Postfach 3825, D-5500 Trier; Price DM 30.00].

BAUER, EBERHARD & LUCADOU, WALTER VON: "Parapsychologie in Freiburg - Versuch einer Bestandaufnahme", in: *Zeitschrift für Parapsychologie und Grenzgebiete der Psychologie*, 1987, **29,** S. 241-282.

LUCADOU, WALTER VON**:** *Psyche und Chaos. Neue Ergebnisse der Psychokinese-Forschung.* Freiburg i.Br.: Aurum Verlag, 1989 [Copies can be ordered from: WGFP, Hildastraße 64, D-7800 Freiburg i.Br.; Price DM 15.00].

MISCHO, JOHANNES: *Okkultpraktiken bei Jugendlichen. Ergebnisse einer empirischen Untersuchung.* Mainz: Grünewald Verlag, 1991.

Australian UFO Experiencer's Support Group

UFO Experience Support Association (Inc)
c/o Co-ordinators Peter Khoury (PO Box 191, RegentsPark NSW 2141 Australia)
or Jaimie Leonarder (PO Box 385, Petersham NSW 2049, Australia)
Telephone (02) 649 4966

Messrs. Khoury and Leonarder sent me a notice announcing the formation (on 15 April 1993) of UFOESA, "a non-profit, voluntary organization dedicated to helping witnesses and experiencers of UFO events cope with and understand their encounters" The notice further describes the organization as follows:

"Operating under a strict code of ethics, we comprise a team of UFO researchers and expert consultants among whom are therapists, doctors, psychologists, a physicist and other professionals...

Yes, individual UFO researchers have transcribed [abductees'] stories. But more was needed. What was needed was a responsive ear to put their priorities as people first.

UFOESA is such an ear. We listen; we do not judge. We show compassion and understanding for those in need of reassurance and support.

We offer a range of options to help the experiencer. They can talk to UFO researchers on a one-to-one basis. They can join mutual support groups and share experiences with others who have also lived through similar strange and unnerving events. Finally, they can, if they choose, speak to one of our qualified professionals for psychological or medical assistance. The witnesses themselves set their own priorities and the assistance they require.

If you are a UFO experiencer you are no longer alone."

Polish UFO Newsletter

Mr. Waclaw Z. Kubiniec of Poland recently sent me some copies of a new 8-page newsletter called SWIAT O U.F.O., which, I understand, means "The World of UFOs." I can't tell you much about the newsletter, because it's in Polish, which unfortunately I don't read. Mr. Kubiniec asked me to pass along news of his publication to readers of BAE, with the notice that he invites inquiries. His mailing address is kol. Dolna 19/ 2, Libusza, KS 38-252, POLAND.

Original Research

Nicholas Reiter presents the third in a series of reports of his ongoing research; the first two reports appeared in BAE Vol. 2 No. 4, and Vol. 3, No. 4.

Further Evidence for a Connection Between The Magnet Response and the Anomalous

N.A. Reiter
22 June 1993

Introduction

In January and February of 1993, Magnetic Response testing was conducted by Mr. Tom Theofanous, of Toronto, Ontario. Over sixty individuals were tested using the basic methods outlined in my two published reports on the subject. Most of the MR volunteers were tested at small gatherings and meetings of people interested in the subject of UFOS. Testing was conducted in both the U.S. and Canada.

Tom observed apparent Magnetic Response reactions in a number of individuals. The form, intensity, and locations of these reactions corroborated my own observations. Tom has informed me that about seventy-five percent of the MR+ volunteers experienced their reaction somewhere around the left ear or temple. While a detailed analysis of the MR symptoms and locations found was not generated, Mr. Theofanous distributed a copy of my MR survey to every volunteer. Our primary interest was in trying to confirm the apparent correlation which I observed between MR+ individuals and anomalous experiences. The surveys were filled out by most of the test volunteers and turned in to Tom.

In early May, I began the arduous task of pulling raw data from the completed surveys and converting it into a statistical form. Of the fifty questions contained in the survey, thirty-one were considered significant; the balance being "filler" questions. Questions #5 through #9 established the + or - status of the respondant.

Sixty-two surveys were divided into three categories; definite positive responses, definite negative responses, and a discard pile. The discard pile contained surveys which were filled out improperly, or which indicated an indeterminant MR status. Actually, it is worth noting that only one individual specifically stated that he was not sure if he felt a response. The rest of the discard pile consisted of incomplete surveys, indeterminants, and a couple of malicious hecklers. After reviewing all surveys, I was left with the following:

31 surveys for MR-
17 surveys for MR+
14 surveys for discard pile

The following, then, is a summary of MR+ versus MR- replies for thirty-one significant questions. I have also designated twelve core questions that specify anomalous events to be of extra significance. These are indicated with an asterisk (*). The reader is encouraged to bring to our attention any comments, criticisms or suggestions about this project.
(Final percentages were derived with a calculator and were rounded off to the nearest .5 percent.)

10. How would you rate your childhood? Please take into consideration all factors you can think of. (Examples death in family, economic level, divorces, parental problems, alcohol or drug use in family, etc.)

	MR+ (%)	MR-(%)
A. Happy and secure, no problems.	23.5	13.0
B. Good with few problems.	17.5	16.0
C. Average, uneventful.	17.5	39.0
D. More problems than usual, but not too bad.	29.5	13.0
E. Many problems, very rough childhood.	12.0	19.0

11. How would you rate your health in your childhood and early teen years? (illness)

A. Very healthy	65	35.5
B. Average	29.0	51.5
C. Many health problems.	6.0	13.0

13. When you were a child, did you have any make believe friends or playmates?

YES	29.5	22.5
NO	70.5	77.5

15. Were you ever active in any branch of the U.S. or Canadian military?

YES	12.0	10.0
NO	88.0	90.0

16. How would you describe yourself socially and/or politically?

A. Conservative	6.0	6.5
B. Middle of the road	17.5	9.5
C. Liberal	17.5	26.0
D. Varies by specific subject	59.0	55.0
ABSTAIN	0	3.0

*17. Have you ever witnessed unusual lights moving around in your house at night?

YES	53	26
NO	47	74

19. Choose the term that best describes your spiritual beliefs.

	MR+(%)	MR-(%)
A. Religion and morality are very important to me, but I'm not necessarily a traditionalist. I attend church at least occasionally.	23.5	26
B. I'm very traditional. Give me that old time religion!	0	6.5
C. I consider myself a spiritual person, but I'm not traditional. Religion is not my cup of tea!	47	42
D. I have some spritual beliefs, but no strong religious implications.	23.5	19.5
E. No spiritual beliefs or religious inclinations whatsoever.	6	3
ABSTAIN	0	3

20. Going back to your teen years, to the present, how would you rate your lifelong interest in the paranormal? (Ghosts, ESP, UFO'S, monsters, etc.)

A. Very strong lifelong interest in these subjects.	76.5	64.5
B. Lifelong casual interest in these subjects.	17.5	19
C. Occasional, very low key, interest in these matters.	0	13.5
D. No real interest in these matters.	6	0
E. I don't believe in such things. There are rational scientific explanations for these events.	0	0
ABSTAIN	0	3

*21. Have you ever seen a ghost, or experienced what you felt was a haunting or ghostly presence? (Including poltergeist activity.)

YES	82.5	45
NO	17.5	55

*22. Have you ever had a period of time over 1/2 hour that you could not account for? (missing time.)

YES	41	10
NO	59	77
ABSTAIN	0	13

*23. Have you ever experienced ESP or vivid psychic experience?

YES	82.5	55
NO	17.5	42
ABSTAIN	0	3

*24. Have you ever had dreams in which people or animals were present in your bedroom?

YES	70.5	26
NO	29.5	71
ABSTAIN	0	3

*25. Have you ever experienced any nose bleeding during your sleep?

YES	40	23
NO	60	74
ABSTAIN	0	3

*26. Have you ever awakened in the morning to find welts, cuts, or scars that you have never seen before?

YES	60	26
NO	40	74

*27. Are there any marks or scars on your body that you never "could remember how you got them"?

YES	41	29
NO	59	71

29. Have you ever lost weight because of anxiety or depression?

YES	53	26
NO	47	74

30. Do you drink alcohol?

A. Never	12	19
B. Infrequently. (At weddings or with a fancy dinner.)	35	32
C. Occasionally. (At parties, or with family and friends.)	41	26
D. Frequently, but in moderation.	12	23
E. Quite often.	0	0

31. How often do you experience ringing in one or both ears?

A. Never	18	16
B. Only a few times in my life.	20	42
C. A couple of times a month.	6	9.5
D. Frequently. (Several times a week.)	20	19.5
E. Daily, but only for short periods.	20	0
F. Almost constantly.	6	13

32. Which ear predominates?

LEFT	35	22.5
RIGHT	29.5	16
BOTH	29.5	38.5
ABSTAIN	6	22

33. Which arrangement of rectangles is most visually pleasing?

A B C D

A.	29.5	51.5
B.	70.5	32
C.	0	0
D.	0	3
ABSTAIN	0	13.5

34. Which do you like the least?

A .	29.5	10
B .	0	13
C .	41	32
D .	29.5	32
ABSTAIN	0	13

*39. Have you ever seen a UFO?

YES	65	42
NO	35	55
ABSTAIN	0	3

*41. Have you ever experienced what you feel was a UFO abduction?

YES	23.5	10
NO	76.5	80
ABSTAIN	0	10

*42. Have you ever seen a strange entity or creature? (Example - Bigfoot, glowing entities, mysterious big cats, etc.)

YES	47	3
NO	47	90.5
ABSTAIN	6	6.5

43. Do you like neon signs?

YES	47	61.5
NO	53	32
ABSTAIN	0	6.5

44. Do you like microwave ovens?

YES	64.5	51.5
NO	35.5	38.5
ABSTAIN	0	10

45. Have you ever experienced any odd sensation when driving near a high voltage power line, or a radio tower?

YES	35.5	19.5
NO	64.5	72.5
ABSTAIN	0	3

46. Have you ever experienced pain or irritation at the back of your neck, up under the hairline?

YES	64.5	45
NO	35.5	48.5
ABSTAIN	0	6.5

47. "When there is a summer thunderstorm, I..."

A. "am nervous and stay inside."	6	0
B. "am concerned, but it doesn't really bother me."	23.5	19.5
C. "am impressed by nature's display"	29.5	35.5
D. "am drawn to the lightning. I love it and will even go outside!"	41	42
ABSTAIN	0	3

48. I _______ reptiles!

A. like	6	19.5
B. don't mind	35.5	55
C. love	12	3
D. hate	17.5	3
E. don't really like	29	19.5
ABSTAIN	0	0

* 50. Have you ever awakened in the night to find yourself paralyzed or frozen, with the "sense" that someone or something was moving around you?

YES	76.5	42
NO	17.5	51.5
ABSTAIN	6	6.5

A comparison was made between MR status and rate with which multiple core question anomalies were experienced by single individuals. I formed two groups:

A. People who had experienced 0-6 core anomalies.
B. People who had experienced 7-12 of the core anomalies.

	MR+ (%)	MR-(%)
A.	17.5	90
B.	82.5	10

Conclusion: It is my opinion that the results of this survey seem to support my own findings. We observe that individuals who are subject to the Magnetic Response tend to be experiencers of anomalous phenomena. While no definitive statements can be offered about the above figures, one can clearly see evidence of a higher occurence of core question anomalies among MR+ individuals.

My heartfelt thanks goes out to Tom Theofanous for his work, and to all MR volunteers.

Note: The reader may notice, as I did after the fact, that percentages were not completely consistant with a given number of volunteers. I find that this is due to the fitting of figures to a total of 100%. Therefore, the accuracy of the percentages given should be considered as +/- 1.5 %.

Some Afterthoughts

In the weeks which followed my submission of this report to BAE, several points of concern arose in my mind These mainly centered around the possible short-comings of my admittedly crude knowledge of statistical analysis and the pocket calculator method of deriving useful information from raw numbers. The editor of BAE was also kind enough to point out some potential pitfalls to avoid next time, and offered up some wonderful suggestions for future experimental design.

1. The discriminating reader would probably agree that much tighter control should be employed over MR experimenting from which statistical evidence is to be extracted The protocol for testing volunteers which Tom Theofanous followed differed somewhat from my own. I have never tried testing for MR at large gatherings, such as MUFON meetings. Many observations and data were not recorded. The reader should be aware that, at the onset, Tom's testing was being conducted as a very casual experiment mainly for his own curiosity and benefit. Later, we agreed that it would be interesting to see if any trends could be discerned above statistical noise.

The door remains wide open for the researcher who has more training and background in design of experiments to judge the MR for themselves. I am open for consultation and will even provide magnets free of charge to any party who is seriously interested.

2. Dr. Gotlib pointed out the fact that 23% of the original 62 completed surveys were put into a discard pile. Perhaps I should explain the details of my choice to do this.

The survey used by Tom was a slightly modified version of the one used by me in 1991/1992. In retrospect, it becomes apparent that this survey was not well designed as a "stand-alone". The first page has several blanks which must be filled out by the researcher after the MR test was conducted. Additionally, the MR status of a volunteer had to be pre-determined by the researcher at the completion of the magnet test. This status would be recorded and kept separately. The survey would then be filled out by the volunteer in a private setting.

My criteria for discard were as follows:

A. Surveys which were not filled out to the extent that would allow me to determine whether the volunteer felt anything. This may seem like biasing, but as I was not present at any of the testing, and no other notes were available, I felt that I could do little else.

B. Surveys which were obvious attempts at heckling and humor. Again, biasing, perhaps, but no other details were available.

I consider these two reasons for discard to be purely mechanical. A volunteer who clearly stated that he or she was not sure if they felt something would not have been relegated to the discard pile. I had anticipated that there would be at least a few folks who would be truly indeterminant, and would state so on their surveys. Oddly, there were none. I would suggest that in the future, a more streamlined post-test survey be employed, in a well controlled fashion.

3. It was pointed out to me that the final grouping of MR+ and MR- volunteers into the 0-6 and 7-12 categories could have been expanded into a more detailed analysis. I would agree The 0-6 and 7-12 groups were chosen somewhat arbitrarily. (That is to say having 6 as a cut-off point.) I wanted to explore the possibility that various anomalies occur congruently.

If only the study of the Anomalous were as straightforward as, say, determining electron mobility in a semiconductor! The right experiments must be conducted by the right people: those who have professional backgrounds in psychology and behavioral studies. My role in this endeavour has been, and continues to be, that of the outsider who holds out some observations and good basic evidence for others to take and run with. Thusly are paradigms broken.

Lastly, I would like to toss out one other thought for the reader. Since April of this year, I have been investigating the possibililty that anomalous intrusions into peoples' lives, such as apparent abductions, or poltergeist type activity are acompanied by a measurable change in the ambient magnetic enviroment, a magnetic event. If all goes well, I hope to be able to have at least an initial report prepared by early 1994. What I have found so far is very intriguing to say the least.

With every week that passes, I am becoming more convinced that we are dealing with a FRACTAL phenomenon! A straightforward experiment yields unexpected results that in turn lead to even more confusing yet undeniable events. I have undertaken a crash course in Fractal mathematics and Chaos! Perhaps after reading a few of the available works on these subjects, what I am running into will not seem as indecipherable.

Book and Research Reviews

Testing Reality: A Research Guide For The UFO Abduction Experience

This recently-published paper from the Fund for UFO Research presents guidelines for UFO abduction investigators, developed during a pilot study between of 43 abduction case reports between 1988 and 1992. Investigators and mental health professionals participated. Testing Reality encourages investigators to approach abductions as "an old-fashioned naturalistic science; that is, primarily observe, take careful notes, record everything reported without preconceived ideas about its relevance." It also cautions investigators against imposing their personal, philosophical, or religious views on the experiencers. There are specific recommendations regarding initial contact and interview, followup, and management of support groups.

More than a manual, Testing Reality is also a meditation on the ethical dilemma and practical challenge of working in a field where the boundaries between "investigator," "therapist" and "supportive friend" can get blurred. Author Richard Hall manages to deal with these issues with remarkable clarity and brevity (22 pages), and without advocating a particular theory of causality. It's a good paper to offer to mental health professionals whom you might be trying to interest in getting involved in the field.

Richard Hall, is chairman of the Fund for UFO Research, author of Uninvited Guests (Aurora Press, 1988), an overview of the UFO phenomenon, and was Assistant Director and Acting Director of the National Investigations Committee on Aerial Phenomena (NICAP), in Washington, D. C.

Testing Reality: A Research Guide For The UFO Abduction Experience
By Richard Hall
published by Fund for UFO Research, 1993. 23 pages.
available from the Fund for US$7.50 (Canada and U.S., includes postage and handling); overseas orders add $1.50 for Air Mail

...
Invaluable feedback was obtained from the experiencers on what they thought about our methods, and which approaches to psychological and social support were beneficial, which not. None too surprisingly, their reactions to events were highly individualistic. No single formula could be applied to all cases. What was helpful to one person was less than enthusiastically received by another person.

In the support groups, frictions and tensions arose — and occasional outright arguments. These disagreements usually centered on the question of whether the abduction experience was good or bad. They tended to reflect the individual's religious or philosophical views, or something that person needed to believe in order to cope with the experiences. In any event, these conflicts were counterproductive.

Participation in the support group activities proved to be a draining experience for just about everyone, due to various pressures and the emotion-charged content of the abduction experience. Most of our work had to be done in our spare time while we were working full-time on our daily jobs to make a living. Many weekends were taken over completely in working with abductees. Except for the mental health professionals, who were involved mostly as consultants or occasionally as one-on-one counselors for abductees, the rest of us had no formal training and only limited experience in dealing with traumatized or upset and confused people.

Even though we had not personally undergone the trauma of abduction experiences of our own, we became involved in reliving vicariously the events and experiencing some of the emotional reactions they engendered while serving in the support role. Sometimes we found ourselves caught in the middle between an experiencer and nonsupportive spouse, or between two experiencers who could not tolerate each other. Several team members dropped out. Even the two principal investigators (Richard Hall and Rob Swiatek) experienced a "burnout" period in which they had to curtail activities in order to have personal time for a more normal and less stressful life.

Nevertheless, new abductees continued to come forth and new interviews were conducted. Overall, there was no escape from an awesome responsibility to offer support and services while attempting to explore uncharted territory. We found ourselves, in effect, "practicing therapy without a license." But we took pains to make it clear that our role was as investigators, and that we could refer them for professional counseling or therapy if they requested it. The majority of experiencers sought not only practical advice and information, but also emotional support; at least someone to talk to and a figurative shoulder to cry on.

It became clear that conventional lines of investigation did not apply well to these cases. Until bonds of trust could be established, the experiencers were not keen about being interrogated by UFO detectives. What they were experiencing already was putting a strain on their lives, and involved subjects that were difficult and sometimes embarrassing to talk about. They needed help, not an inquisition.
...

Though mental health considerations are very important for upset and confused experiencers, most grow to believe that the experiences are physically real and they tend to resent being treated as if they were sick. A few (only a tiny minority in our sample) immediately request referral to a mental health professional. However, the doctor-patient model for dealing with abductees is, on the whole, not very satisfactory. A modified approach is needed, the basic elements of which are suggested in the guidelines below.

Distressingly often, abductees have reported experiences with mental health professionals who are not well informed about the UFO subject, and who tend to treat them as patients, possibly paranoid or delusional. The abductees have expressed frustration that professionals often fail to address their real needs, instead tending to reinforce their fears by implying — and behaving as if — they have a mental health problem unrelated to their bizarre experiences. Yet we badly need the help and advice of mental health professionals both to avoid doing harm, and to supply appropriate support for the experiencers.

The inherent conflict between investigation and therapy needs to be addressed. In some respects the requirements of the one are inconsistent with the needs of the other. The investigator's desire to draw out all possible factual information as quickly as possible may not be in the abductee's best interests. The emerging memories often are difficult for the experiencer to assimilate, and there is a risk of re-traumatizing the witness if psychological needs are not met.
...

Guiding Principles
Investigators should adopt a set of guiding principles, including a code of ethics. A good starting point is to keep firmly in mind the first principle of the medical community: "Above all, do no harm." As Dr. Gotlib has stated, "At every stage in an investigation, the welfare of the witness is more important than the success of the investigation." Some other recommendations are:

1. Do not harangue the witness in misguided zeal to obtain complete testimony and personal information immediately. Abduction case investigations are conventional. Treat the experiencers throughout on the reasonable assumption that they are troubled and confused.

2. Avoid solo investigations. Working as a team within a network of researchers who have various skills has many advantages. When you begin receiving numerous followup phone calls and constant demands on your time, you will welcome back-up help from others.

Also, mental health professionals in the network can provide guidelines for dealing with troubled abductees and for identifying those in need of professional help.

3. Accept no payment for your time or efforts. For better or worse, you will be doing public service work. Mental health professionals who are asked to provide counseling or testing are entitled to professional fees. However, a strong need exists for more pro bono publico work by therapists. Many low-income abductees simply cannot afford their fees, and also they tend to have fewer resources for any kind of support and help.

4. Ensure the absolute privacy of the abductees and confidentiality about their identities. Manage the information obtained from abductees discreetly, and only share it with the larger network by using initials or code names. (Many abductees are willing to allow use of their names, but they should not be pressured to do so.)

5. Treat abduction research as an old-fashioned naturalistic science; that is, primarily observe, take careful notes, record everything reported without preconceived ideas about its relevance. Also encourage the experiencers to keep a log or journal of everything unusual that happens to them. Avoid speculation and premature theorizing, especially in the presence of the experiencers.

6. Do not, under any circumstances, try to impose your personal, philosophical, or religious views on the experiencers. Instead, be a sympathetic and open-minded listener.

7. Avoid promising — or leading abductees to expect -- unrealistic results or benefits such as a satisfactory resolution of their fears or concerns, or ultimate answers about what it all means. Emphasize that you can only offer information and advice, or referrals to professionals.

...

The SLI Effect
Street Lamp Interference: A Provisional Assessment

Compiled by Hilary Evans with ASSAP (Association for the Scientific Study of Anomalous Phenomena)
Published by ASSAP, 1993
52 pages, illustrations
Copies available from Hilary Evans, 59 Tranquil Vale, London SE3 0BU
Price (including postage, airmail if overseas): $6 or equivalent in any other currency (preferably in banknotes to avoid exchange costs), or any reasonable exchanged considered

In my experience, many individuals reporting paranormal phenomena also note that electrical and electronic equipment behave in odd ways when they are around. Hilary Evans has been studying one subset of this phenomenon through his SLIDE (Street Lamp Interference Data Exchange). BAE has previously reported on SLIDE (Vol. 2, # 1 and 3). Evans' long-awaited report (at least I have been waiting for it) is finally available. The SLI Effect, a 52-page booklet, is an analysis of the phenomenon based on 77 cases. It evaluates the physical features of SLI reports, the social and psychological parameters of the experiencers, and compares SLI with other relevant anomalous phenomena. There is also a discussion of the operation of street lamps (SLs) with some suggestions as to the mechanism of SLI.
There is four-page questionnaire in the back of the booklet for individuals who have experienced SLI. It includes suggested tests to carry out during and after the incident. Readers are encouraged to write Hilary Evans at the address below for copies of the questionnaire. I can also provide a copy on request.
The SLI Effect is an important landmark in the study of anomalous experiences. Those who have the experience will find it reassuring that others do, too, and that some people are trying to make sense of it. Investigators will find this a valuable reference document. Order yours today!

"Street Lamp Interference" (SLI) is an apparent phenomenon, based on claims by many people that they involuntarily, and usually spontaneously, cause street lamps to go out. Generally the effect is intermittent, infrequent and without an immediately discernible sequence of cause and effect. SLI deserves study because it gives the appearance of being an anomalous phenomenon in its own right. That is to say, it appears to be an effect which is not consistent with our current knowledge of how people interact with the physical world, and which occurs in specific circumstances.

...

SLI has certain characteristics which would make it particularly significant if it occurs:

- it has been reported by people who have no pre-existent model on which to base their testimony. The overwhelming majority of those who have reported their experiences to SLIDE had previously supposed that they had a one-of-a kind experience, and have been both relieved and delighted to learn that others have shared similar experiences.

- it involves objects which are too large to be susceptible to the kind of tampering - deliberate cheating or unconscious manipulation - which must be considered a possibility in such paranormal incidents such as spoon-bending, apports &c. SLs are large, public objects; and though in theory it would be possible for each of our witnesses to have familiarized themselves with the mechanics of SL operation and tampered with the mechanism prior to experiencing (often in the presence of others) the effect, in practice the probability can be dismissed.

- SLI involves little or no emotional involvement on the part of the witness; consequently, the witness rarely, if ever, has any strong motivation to believe that the SLI effect is real, apart from not wishing to seem a fool for making the claim in the first place. Since SLI provides no evidence for an afterlife or any such motivating theme, and since the ability to perform SLI does not in itself make the witness 'special,' the phenomenon is not liable, in anything like the same degree, to the kind of bias which may contaminate testimony in other fields of anomaly research where some kind of 'gift' is supposed to have been conferred on the individual who derives prestige from it in consequence.

If SLI can be shown to occur, it would constitute the best evidence hitherto available that the human mind can, under certain circumstances, cause physical events to occur at a distance. It is to be hoped that publication of this preliminary study will be a first step toward implementing research directed to this end.

...

Provisional Conclusions

Insofar as a meaningful model can be constructed on the basis of anecdotal testimony, the body of case histories so far accumulated does seem to constitute a case for regarding SLI as a phenomenon in its own right. Like so many other anomalous phenomena, its existence must remain in question until some conclusive evidence is forthcoming, but the apparent evidence is persuasive. Moreover, since this report is based on reports supplied only by the tiny section of the population who are aware of SLIDE's existence, we must presume that for every case cited here there are hundreds if not thousands more unknown to us...

Are SLIders a special kind of person, or ordinary people who are in a special state?

In a sense, both. To perform SLI, it seems that a person must be in a particular state: but some people go more easily into that state than others, so it can be said that there are SLI-prone people. But it must be emphasized that this is a question of degree, rather than a clear-cut distinction between two divisions of mankind.

Are street lamps chosen as targets, or is this chance?

...The fact that so many SLIders affect other types of appliance seems to suggest that the force which extinguishes SLs can also be deployed in other directions. Should we conclude that those who affect only SL have the power only feebly, those who affect other appliances have it more strongly? Possibly; but it is also possible that they have the force in a different way....[or,] it may be that SL are, by their physical nature, more sensitive to the force than any other kind of appliance.

Provisionally...it seems justifiable to offer the following working hypothesis as a primary statement about SLI:

> People in an appropriate mental state are able to affect the operation of street lamps, at a distance, generally spontaneously rather than deliberately, as a consequence of their mental activity.

In addition, we can offer the following findings as supported by the testimony:

- While there is no known limit to the range of the SLI effect, it seems generally to occur in fairly close proximity to the individual — say under 10 metres (though we must recognize isolated examples of SLIders who claim to deploy the force over greater distances). The SLIder seems always to be in sight of the SL - we have no instances of SL being affected out of sight, but of course this would be difficult to establish.
- There is no evidence to show whether the force which affects the SL is a force field or a directed 'beam.' But whatever its nature, it seems sensible to conclude that it emanates from the SLIder to the SL in a straightforward physical manner; there is no evidence, for example, to suggest that the force detaches itself from the SLIder and 'travels' autonomously to the target.

Soulmaker:
True stories from the far side of the psyche

by Michael Grosso
1992: Hampton Roads Publishing Co. 149 pages.

We reviewed Michael Grosso's Frontiers of the Soul, a study of how paranormal experiences may have influenced the development of religion (and in particular Christianity) and our ideas of God, in BAE Vol. 4 No. 1. Soulmaker, Grosso's latest book, is a more personal work. Grosso describes how his own paranormal experiences (including a UFO encounter) have helped him explore the boundaries of soul (the "soulmaking" of the title). He also talks about his soulmaking insights through drug experiences, a practice that has a long history in some cultures but is politically and socially "incorrect" in our society. I found his open discussion of this part of his life particularly moving.
Soulmaker is an intimate and inspiring portrait, the kind of book that's worth reading more than once. It goes on my "must read" list alongside Frontiers of the Soul.

For me, soulmaking begins with questioning the Shadow. We need to face the dark side of ourselves, the side yet shrouded in denial: the scary stuff hidden in old closets; the unbidden and forbidden dreams; the alien impulses, weird fantasies that ring the candle flame of ordinary consciousness, threatening to snuff it out.
The soul must face its ignorance, its powerlessness before unconscious forces, its nighttime and noontide potentials. And so I have focused here on the intruders — the barbarians from the far side of the psyche.
Science calls them "anomalies". Anomalies are reminders that we're flanked on all sides by metaphysical outlaws — creatures that elude our grasp and control. Who knows what forms of being brush shoulders with us? What Angels of the Shadow sleep at our side? Our strange encounters offer us an opportunity to dialogue with these intruders....
...

I have been asked about rules of thumb for soulmakers: the first rule is fidelity to personal experience. If we want to explore the forgotten depth of the Heraclitean soul, we have to be faithful to our experiences. Official science is only faithful to the repeatable — the controllable elements of experience. But the unrepeatable, the uncontrollable, have the power to push us beyond the edges of ourselves.
I choose fidelity to my quirky encounters with reality. As a result, the world I've come to entertain as "real" looks a little more like Alice's Wonderland than I would have guessed after reading Alfred Korzybski's "Science and Sanity."
...
One of the great lessons of soulmaking deals with the dance of opposites. Carl Jung, the father of modem soulmaking, thought becoming a "whole" human being meant working through opposites; he saw the "self" as a fourfold structure made up of two pairs of opposing forces: thought and feeling, intuition and sensation. This may sound a little too pat, but may alert us to our penchant for onesidedness.

Onesidedness in the enemy of soulmaking. We become caricatures of parts of ourselves: We are too thoughtful or too passionate, too given to airy intuition or too chained to hard sense. What Jung called *individuation* is the ideal of bringing the four forces of the soul into a state of dynamic interplay.
Dance — not balance: The "balance" metaphor seems too mechanical. We don't really want to be perfectly balanced; for if all our forces are in equilibrium, we are near death. I don't want to *add* feeling or *subtract* thinking; I want my feelings molded by thought and my thoughts animated by feeling. Nor do I want to *divide* sensory experience or *multiply* intuition; I want to test my intuitions with the wealth of sensory experience, and see through sensory experience with the light of intuition. Opposites in interplay, strengthening each other's virtues, chastening each other's vices.
...
In my judgment, the modem soulmaker has a special affinity to the feminine. You may have noticed that many of the stories in this book had some tie-in with women. I used to dream of a mysterious woman who rescued me from hideous monsters. I grew up listening to psychic stories from my mother. My grandma and great aunt haunted me. A woman friend's ghost attacked me. A woman in her astral double rearranged my furniture. It was love of woman that inspired my flight of transatlantic astral sex. A woman shared with me the story of her magical child. The century's most amazing aerial phenomena involve the figure of a goddess. I was with a woman when my tropical plant flowered anomalously, and with a woman when I witnessed a UFO in Greenwich Village. And thanks to a woman I saw through the psychodrama of the Jesus-Satan archetype.

What's the link between the psychic and the feminine? One link is pretty obvious. If you research psychic phenomena, you're going to run into lots of women. Women are more willing to admit they have psychic experiences and less afraid of them than men seem to be.

But the link is deeper. The feminine, in a man, reflects his unconscious life — his anima or soul. Fear of the feminine is thus fear of the soul — of the "psychic." The soulmaker has to overcome this fear, which is a fear of surrender, a fear of losing control.
...
The "higher" religions like to warn us of the dangers of the psychic. But what of the dangers of the spiritual? Lucifer was no crystal-ball huckster! He was supreme in the realm of spiritual perfection. The truth is that psyche and spirit are as closely intertwined as magic and religion.

Psychic faculty increases receptivity to signals of spiritual transformation. One purpose of the kind of events discussed in this book may be to wear down one's resistance to the world of spirit. Psi events show us the incompleteness of our normal sense of reality.

Paranormal phenomena erode the self-sufficiency and supposed rationality of the infamous "male ego." The increase of all kinds of psychic phenomena in the world today, for all we know, may have this very purpose: To heat up the dance of opposites between the masculine and the feminine, between the Shiva of searching intellect

and the Shakti of embracing soul.

...

Dreams are crucial to the soulmaker's art. Our greatest onesidedness is to cling to consciousness, to the ideas we use to tame the wilderness we call experience.

Love of ideas reached a peak for me while I was studying philosophy at Columbia University. By day I honed the skills of academic philosophy; by night I was haunted by dreams that painted pictures of alternate tealities.

Dream the dream onwards! Jung said. Let the images of the dream go where they want to. Let them unravel themselves spontaneously, without interference from our conscious minds. Jung called this "active imagination." Active imagination is the dialogue we conduct with the intelligence that cloaks itself behind the messengers of the unconscious. Dreams are one powerful form this dialogue often takes.

...

So telling tales about psychic anomalies is no idle pastime. The purpose in this book is to recover the forgotten dimensions of our souls.

We live in challenging times, and a new consciousness is struggling to emerge. This new consciousness sees itself in the vanguard of evolution. We must evolve, say the new visionaries, or perish.

Life, they say, demands a new vision of itself-of its future. For life has entered a new kind of danger zone. To pass beyond it we have to pass beyond egoism to soulfulness, beyond tribal to cosmic consciousness. For this we need to build a new society of soul-makers. The deeper we all descend into our souls, the easier it will be for us to rise together. As Heraclitus said long ago: "The way up and the way down are one and the same."

Demons, Doctors, and Aliens: An Exploration into the Relationship Among Witch Trial Evidence, Sexual-Medical Traditions, and Alien Abductions

by James Pontolillo
INFO Occasional Paper No. 2., published by The International Fortean Organization (INFO), P.O. Box 367, Arlington, Virginia 22210-0367
22 pages; $10.00

The following paper, published by the International Fortean Organization, examines folkloric parallels to the abduction narrative, specifically in Judeo-Christian tradition and the Great Witch Hunt of the 15th-17th centuries. What is of particular interest here is the assertion that the driving force behind the abduction phenomenon (and of previous folk traditions of abductions) is the societal abuse, marginalization, and repression of women. Pontollilo believes that "the core abduction event, sexual and medical experimentation by extraterrestrials on unwilling human (primarily female) subjects, is only the latest variation in a time-worn cycle of misogynistic folk tradition endemic to Western civilization." Interesting reading.

Abstract

Over the course of the past decade, the claimed abduction of humans by extraterrestrial beings has become an increasingly important subset of the UFO phenomenon. Oral testimony and purported physical evidence invariably focus on the sexual, medical and psychological abuse of those directly involved in these encounters. Numerous studies of the phenomenon have exhibited partisan bias, a general lack of documentation, and a failure to investigate crucial evidentiary aspects of such claims. A detailed examination of the phenomenon demonstrates that no credible evidence exists to support the objective reality of alien abductions. Analogies are drawn between the thematic and structural elements of alien abduction accounts and other relevant mythologies (satanic cult activity, animal mutilations, white slavery, etc.) previously considered to be unrelated. Claims of abduction by extraterrestrials are shown to be the latest manifestation of a more extensive body of abduction-oriented subversion myths. The central role of cultural misogyny in the origin and development of the alien abduction phenomenon is demonstrated.

...

Among the many parallels between modern-day abduction claims and historical with trial testimony is that of the marks which have consistently appeared on the bodies of those involved. Concerning witch trials, the discovery of marks was taken as proof of the accused's guilt. Naturally this led to the conclusion that anyone bearing such marks, regardless of their protestations to the contrary and even a lack of suspicion or evidence, was involved in witchcraft and should be dealt with accordingly. This same strain of illogic has survived the centuries largely intact and can be found permeating the writing of numerous abduction proponents. The mere presence on an individual's body of a scar of unknown or hazy origin is proof to the believer that at least one, if not several, extraterrestrial interventions have taken place.

The presence of Devil's mark is reported in nearly every detailed witch trial and account and transcript known. The Devil's mark is a scar, birthmark or unnatural tattoo pattern purportedly placed by Satan as a method of marking his flock...The Devil's mark was often confused with the witch's mark — an unnatural protuberance of the body at which demonic familiars were supposed to suck for nourishment...The use of Devil and witch's marks fell into disfavour as it became well established that most human beings possess some manner of skin blemish [or skin abnormalities from diseases of] medieval and renaissance life....this legacy of discredited naturally-occurring skin blemishes has led directly to the situation seen in present-day alien abduction claims. The evidence of bodily markings now centers exclusively on injuries, both internal and external, inflicted on the abductee as a result of purported extraterrestrial medical experimentation, usually genetic sampling...

...

Conclusions

...it is apparent that alien abductions are the continuation of an ancient, ongoing cycle of religio-mythic beliefs. The "seed event" consists of routine medical and gynecological procedures, hypnagogic and hypnopompic (sleep-related) imagery, and causative traumas such as sexual assault. These events are then reconstructed in accordance with historical and cultural precedents as well as modified by modern-day media influences. The driving force behind this creation of abduction accounts lies in the extensive use of hypnotic recall in unsupervised investigations conducted by ETH proponents. Whether intentional or not, the iatrogenic dynamics of hypnotic recall results in the coercion of witnesses and the production of fantastical testimony. Subsequent extensive media coverage ensures that an ever-widening segment of the populace becomes acquainted with the evidentiary details that constitute a proper abduction claim. As long as biased researchers continue to pursue inquires on the subject, abductees will be found due to the strong influence of both contamination and iatrogeny. With the exception of individuals who intentionally fabricate the experience of an alien abduction, witnesses have rarely contributed independently to the growth and development of the phenomenon. The alien abduction phenomenon is best classified as a delusional belief since it possesses a self-fulfilling, self-referential verification system that has no demonstrable basis in objective reality.

The unifying thematic element and *raison d'etre* of all abduction cycle phenomena, whether of the angelic, demonic, elven, human (white slavery) or extraterrestrial variety, is a pathological hatred, contempt and fear of Woman as a self-defined individual. Misogyny in numerous guises has been a defining feature of Western religious and cultural traditions since the advent of patriarchal society. Such drastic persecutory examples such as the Great Witch Hunt and modern alien abductions occur in times of exacerbated societal disorder and stress. Bromley (in press) has termed these abduction-cycle narratives "subversion myths." Their primary purpose is to function as cautionary tales through which societal disorder can be acknowledged and contained. It is no mere coincidence that the 1980s and 1990s, a time

of increased degradation of individual liberties by political and religious conservatives, experienced such a rebirth of many varieties of the subversion myth. Modern-day abduction proponents, in their creation of and popularization of this new variant are not expressing their own subconscious prejudices against independent women so much as they are serving as criers for the misogynistic culture in which they reside. With the continuing assault on sex education, contraceptive research and, in particular, a woman's right to reproductive freedom in the United States, the message of the alien abduction phenomenon could not be more clear: *women cannot have control over their own bodies, either in this world or in an imaginary one.*

From the Scientific Literature

Dissociated States of Wakefulness and Sleep: Two Recent Articles

1. Dissociated states of wakefulness and sleep
Mark W. Mahowald, MD, and Carlos H. Schenck, MD
Neurology 1992;42(suppl 6):44-52

Abstract
Both sleep clinicians and basic science researchers have been witness to a wide variety of unusual clinical and experimental phenomena that represent admixtures, incomplete declaration, or rapid oscillations of the three states of being: wakefulness (W), rapid eye movement (REM) sleep, and nonrapid eye movement (NREM) sleep. The concept of state dissociation provides an explanation for a wide variety of bizarre clinical phenomena, including the symptoms of narcolepsy, REM sleep behavior disorder, disorders of arousal (such as sleep terrors, sleepwalking, and sleep drunkenness), automatic behavior, and some "out-of-body" experiences. The purpose of this review is to provide an overview and perspective of such conditions, encourage systematic and detailed study of these "experiments in nature," and underscore the interdependence of clinicians and researchers.

2. Status Dissociatus — A Perspective on States of Being
Mark W. Mahowald, MD and Carlos H. Schenck, MD
Sleep 1991,14(1):69-79

Abstract
During the course of routine clinical study, it has become apparent that the all-or-none concept of state determination (wakefulness, nonrapid eye movement sleep, rapid eye movement sleep) does not always exist, and that ambiguous, multiple, or rapid oscillation of state-determining variables appear in a wide variety of experimental and clinical situations. Six cases of extreme state dissociation are presented, with a review of the human and animal clinical and experimental literature. This multiple component concept of state determination must be kept in mind when pharmacologic or lesion studies are employed to suppress one or another state. Such manipulation may suppress some of the commonly used markers for that state (i.e., polygraphic) without affecting other variables of that state. The existence of mixed states will be a challenge to the development of automated computerized polysomnogram scoring.

...

Because REM and NREM sleep are as different from each other as each is from W, it is now clear that we spend our lives in three different states of being, each with its own neuroanatomic, neurophysiologic, neuropharmacologic, and neurochemical substrates. With the identification of these states came the assumption that they occurred in an "all-or-none" fashion. Data accumulating from animal experimentation and from the study of human sleep have challenged this notion. Now it is apparent that the declaration of any given state may be incomplete and that states can oscillate rapidly, resulting in bizarre and important clinical syndromes. [1]

...

Evidence for incompletely declared or mixed states of being is abundant, both from animal experimentation and from human clinical studies. From animal studies, basic scientists have long known of such state dissociation resulting from lesion/stimulation studies, pharmacologic manipulation, and sleep deprivation. In humans, it is commonly observed that during the transition from one state to another, polygraphic variables of more than one state may be admixed for prolonged periods. In normal subjects, such state transitions are not always instantaneous, but rather, may be gradual and occasionally protracted. [1]

Dissociations from prevailing wakefulness.
REM sleep intrusions. Narcolepsy is the prototypic dissociated state arising from the background of wakefulness. The symptom of cataplexy (sudden loss of muscle tone, usually in response to an emotionally laden event) is simply the isolated intrusion of REM sleep atonia into wakefulness. The element of surprise in triggering cataplexy supports the described similarity between the alerting response and REM sleep. The symptom of sleep paralysis is the persistence of REM atonia into wakefulness. The hypnagogic (occurring at sleep onset) and hypnopompic (occurring upon awakening) hallucinations are dream mentation occurring during wakefulness, which are often more frightening if accompanied by sleep paralysis. Although hallucinations (? wakeful dreams) are frequently associated with psychiatric disease, some may represent the release of REM sleep mentation into wakefulness. Narcoleptic patients may experience waking dreams, particularly during drowsiness, and may be misdiagnosed and even treated as schizophrenics. The occurrence of ambiguous or dissociated sleep is well documented in the untreated narcoleptic. The induction of dissociated states in narcolepsy by tricyclic antidepressant administration indicates that genetically determined and pharmacologically potentiated state-disrupting factors may act in concert . [2]

...

...Another example of a mixed W/REM state is that of lucid dreaming, during which the dreamer is aware of the fact that he/she is dreaming and has the ability to influence the course of the dream. REM sleep is the parent state during lucid dreaming, yet the subject has the facility to physically signal the presence of such a dream by means of voluntary eye and digit movements. Suppression of the H-reflex, a characteristic of REM sleep, is present during such dreaming. Some out-of-body experiences may represent a variation on this theme. [2]

Although debated, some evidence indicates that a variety of delirious states (including delirium tremens) may represent the simultaneous but incomplete appearance of REM sleep and W. [1]

NREM sleep intrusions. The "automatic behavior" seen in patients with narcolepsy probably represents the admixture or rapid oscillation of W and NREM sleep. The finding of "microsleep" periods interrupting W in such individuals supports such an explanation. During these periods, the patient is awake enough to perform complex behaviors but asleep enough not to be aware of the acts. Examples include driving long distances and ending up in the wrong city or entering very inappropriate data while working at a computer. Forensic implications might even come into play, as in the case of shoplifting during automatic behavior. Such symptoms, if common, may lead to the erroneous diagnosis of partial complex seizures or psychiatric conditions. [1]

...

A frequent wake/sleep dissociation is that of night terrors/ sleepwalking (NT/SW), occurring in up to 40% of normal children. Contrary to popular opinion, this condition may persist into or develop

during adulthood and is associated with psychiatric disease in less than 50% of affected adults. N-T/SW represents a dissociation of wakefulness and consciousness (84). Such dissociation is exemplified by the absence of reactivity of the wakinglike alpha frequency EEG activity recorded during attacks (85). Although usually associated with amnesia or only fragmentary mental imagery, there may be recall of vivid and elaborate dreamlike mentation. The usual timing of NT/SW in the sleep cycle at 1-2 h after sleep onset and the attendant mentation have led to the suggestion that NT/SW represents an anomalous REM sleep component occurring in deep NREM sleep. The triggering of NT/SW by medications and sleep deprivation (both of which may alter W/NREM/REM cycling) supports a state dissociation etiology. NT/SW may be induced in susceptible individuals by standing them up or administering an auditory stimulus during deep NREM sleep, which suggests that these states need not be the culmination of complex, prolonged mentation. [2]

A common thread running through [the spectrum of NREM dissociations] is the appearance of motor activity which is dissociated from waking consciousness. In REM sleep behavior disorder (RBD), the motor behavior closely correlates with dream imagery, and in NT/SW and sleep drunkenness it often occurs in the absence of (remembered) mentation. It is well known that decorticate experimental and barnyard animals are capable of performing very complex, integrated motor acts. This is explained by the presence of locomotor centers (LMCs), from the mesencephalon to the medulla, which are capable of generating complex behaviors without cortical input. [2]

Nocturnal psychogenic dissociative intrusions. During PSG [polysomnogram] studies, patients have been documented to awaken from REM or NREM sleep and, within several minutes, display protracted dissociative episodes, including multiple personality disorder . Virtually all such patients have had histories of childhood physical or sexual abuse, and most also have experienced dissociations during daytime wakefulness. In some patients, according to their histories, nocturnal dissociations resembling sleepwalking (SW) or sleep terrors (STs) recurred without daytime dissociative episodes. [1]

...

Another fascinating group of patients has been identified who also appear to experience symptoms resulting from the simultaneous occurrence of portions of all three states. The clinical presentation is similar to that of complex SW, but there is associated vivid, detailed dream-like mentation that may incorporate true and accurate environmental information. This has been termed the "parasomnia overlap syndrome," because both clinical and polygraphic evidence shows elements of both sleepwalking (SW) and RBD. [1]

Parasomnia overlap syndrome is an excellent example of the fact that state dissociation does, indeed, occur on a broad spectrum. One family studied at our center demonstrates an impressive spectrum of state boundary and motor dyscontrol, with overlapping clinical pictures of narcolepsy, periodic limb movement disorder, STs/SW, and RBD. All three relations demonstrated sleep motor dyscontrol in three of six categories. Symptomatic behaviors were suppressed with bedtime benzodiazepine administration. [1]

Comment

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With the multiplicity of state markers, and the relatively rapid normal cycling of states requiring recruitment of these numerous physiologic markers, there are innumerable theoretically possible state combinations. It is likely that major psychic or neural insults can result in an acquired functional restructuring of the CNS, which then may interfere with conventional state determination. There is strong evidence that environmentally mediated events can and do affect the structure and function of the CNS, and that the CNS displays learning of new neural behaviors [i.e., the development of secondary epileptogenesis (mirror foci) or acquired sensory synesthesia]. Such dissociated states may play a role in the appearance of the posttraumatic stress disorder, nocturnal panic attacks, and even in psychogenic dissociative states. Given the genetic variability of CNS development and its plasticity, the relentless cycling, and the ever-present multiplicit of endogenous and environmental influences upon both CNS plasticity and cycling, it is surprising that state-component timing errors have not been identified more frequently. The drive for complete state determination must be very strong, indeed. Striking sleep abnormalities have been reported in a wide variety of degenerative and acquired neurologic conditions. This patient population should serve as a rich source of "high risk for state-dissociation" subjects. [2]

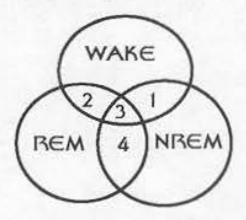


Figure 1. Areas of overlap among states:

1. Wake /NREM combinations

A. Disorders of arousal (sleepwalking, sleep terror, confusional arousals)

B. Psychogenic dissociation

2. Wake / REM combinations

A. Cataplexy, hypnagogic hallucinations, sleep paralysis

B. REM sleep behavior disorder (RBD)

C. Lucid dreaming (out-of-body experiences)

D. Delirium (hallucinations — drug-induced /peduncular)

3. Wake / NREM / REM combinations

A. Status dissociatus

B. "Parasomnia overlap "syndromes

4. NREM / REM combinations

Theoretically possible, but not accompanied by conscious awareness

Literature Roundup

On the reliability of recall

Adult reconstruction of childhood events in the multiple personality literature.

Frankel FH

Am J Psychiatry 1993 Jun;150(6):954-8

The author reviews the dependability of adult reports of childhood abuse and trauma, which are emerging in therapy with increasing frequency. He reviews the literature on multiple personality disorder to explore the extent to which corroboration of adult reports of childhood events is recorded. He also summarizes the relevant studies of memory both with and without the aid of hypnosis. He finds that there is minimal corroboration in the literature of the adults' reports of childhood abuse. Memories brought forth with the aid of hypnosis are undependable because of the large number of inaccuracies introduced by hypnotized subjects. Memories brought forth without hypnosis have been shown to be prone to distortion by intentional as well as by unwitting cues. The author concludes that the recent enthusiasm for the adult discovery of childhood abuse has been accompanied by little attention to factors that potentially affect recall of childhood abuse, including the bias of therapy. The use of hypnosis might well be an aggravating factor in distorted recollections of childhood abuse. Validation without corroboration by the therapist of the patient's memories has serious ethical and possibly legal consequences.

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Comments

Reconstruction is a dynamic process, and situations and events are frequently not what they appear to be nor as they are reported. The literature reviewed here points to the potential influence of unwitting motives such as guilt, rage, and competitiveness, as well as the relevance of cultural patterns, expectations, and what might best be described as contagion in the circumstances of the inquiry. Clinical improvement following painful abreaction does not necessarily affirm the accuracy of the events reported.

Events in hypnosis are on a continuum with normal psychological processes. There is little evidence that the shift into hypnosis from the waking state is a precipitous or clearly delineated change from one state to another. If inaccurate memories incorporated in hypnosis are difficult to dislodge, what might we conclude about inaccurate

memories that emerge in circumstances often closely resembling hypnosis, such as psychotherapy?

On review of the history of investigation of multiple personality disorder, one finds the emergence of a focus on child abuse only since about 1980. One also finds an increasing incidence of a history of child abuse as investigators began to look for it. Only rarely has the history been compellingly corroborated, a fact that should raise serious cautions because evidence shows that "memories" reached with and without hypnosis can falsify the nature of past events. Uncertainty on the part of the therapist and the patient, however burdensome, is often the only honest option. These facts have a bearing on the theoretical formulations depicting child abuse as causal and on the ethical and legal aspects of achieving disclosure, family confrontations, and punishment of the perpetrators of the alleged abuse. Future treatment methods and studies should take these factors into account.

Hypnosis

Untoward effects associated with hypnosis.

Mott T Jr

Psychiatr Med 1992;10(4):119-28

There are numerous reports of untoward effects associated with hypnosis but no reports of hypnosis *per se* causing a serious untoward effect. The context and manipulations performed are markedly different in the various settings where hypnosis is used. The various settings such as stage hypnosis, amateur hypnosis, clinical hypnosis, and research hypnosis must be considered separately when discussing untoward effects. Although the incidence of untoward effects has been studied in the research setting, the incidence of untoward effects is difficult to assess in some settings (such as stage and amateur hypnosis) and has not been adequately assessed in the clinical setting. After reviewing the literature on untoward effects in these various settings, I conclude that amateur and stage hypnosis should not be done because the risk is not balanced by possible benefits. Research hypnosis and clinical hypnosis by well-trained practitioners are safe procedures if certain guidelines are followed.

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Some Difficulties In Assessing Incidence of Untoward Effects (UE)

The incidences of UEs in amateur, stage. and clinical hypnosis are unknown. The incidence of UEs in amateur hypnosis is impossible to assess because there is no base available. In one study of a stage hypnosis performance at a college. 5 of the 18 trance subjects interviewed had "negative aftereffects." There are no controlled studies of stage hypnosis in which all participants and viewers were interviewed to assess possible effects.

Although there are no incidence studies of UEs in clinical hypnosis. there are several surveys reporting the frequency with which practitioners have seen UEs. In a survey of 828 psychiatrists, 414 returned questionnaires, and 120 of these reported knowledge of 218 UEs. Another survey found that 27% of 301 clinical hypnotists had observed at least one patient with an UE associated with hypnosis. The most recently reported study surveyed Australian clinicians using hypnosis. Of 202 respondents, 43.5% reported that at sometime in their experience of using hypnosis is they had seen a patient with an UE. "Most adverse effects attributed to hypnosis were transient and included development of panic or extreme anxiety, development of excessive dependence and difficulty in terminating hypnosis. Exacerbation or precipitation of significant depression was an infrequent but serious adverse effect attributed to hypnosis. Other infrequent adverse effects included symptom substitution, acting out behavior, fantasied sexual seduction, precipitation or worsening of psychotic illness or difficulties in the management of organic conditions. " None of the surveys include information about the number of patients treated with hypnosis and therefore give no information about the actual incidence of UEs in clinical practice.

There are several studies of the effects of hypnosis in a research setting. One of these studies uses a "placebo" control although the one study", does use other college activities as controls. Two studies report on the relationship between "transient experiences and hypnotizability. In one study the subjects who scored low on the SHSS:C had the highest frequency of "drowsiness and sleep" and "headaches and nausea." These are symptoms commonly reported by placebo controls in drug trials.

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When the after-effects of hypnosis were compared to the same aftereffects of other college activities (taking an exam. attending class. and so forth). the results indicate that hypnosis was no more bothersome than the other activities. This study had several significant limitations but supports the general idea that experimental testing of hypnotizability has few if any serious UEs.

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Conclusions

It is clear that there are many UEs *associated with* hypnosis. However, there are no serious UEs reported from hypnosis *per se*, and the contribution of hypnosis to the reported UEs associated with hypnosis is still not certain. There appears to be sufficient evidence to conclude, as do Fromm and Meares, that hypnosis increases the vulnerability to inappropriate use. "Hypnosis is an altered state of consciousness which is characterized by a regression in the service of the ego along with increased access to the unconscious . . . It is also a state of decreased vigilance and a decreased ability to defend oneself against demands made by the therapist. This vulnerability involves dangers if a patient is in the hands of a poorly trained, incompetent or unscrupulous therapist who may abuse hypnosis." The induction of hypnosis by an unskilled person can represent a real danger to the subject . . ." On the other hand, it may be, as Conn concludes, "There are no significant dangers or specific dangers associated with hypnosis *per se*. The actual dangers are those which accompany every psychotherapeutic relationship."

Therapists using hypnosis should be aware of the potential complications associated with its use and should only use hypnosis to facilitate treatment with patients that they would be competent to treat without the addition of hypnosis. With proper precautions, " ... the dangers to the patient in the hands of an adequately trained physician (therapist) are very small indeed." In the research laboratory, complications occur very rarely and there ". . . is little reason to expect serious or lasting complications from the experience. "

On the other hand, the use of hypnosis by untrained persons is much more likely to result in complications, and the lack of possible benefit makes its use unwarranted. Similarly, the use of hypnosis as an entertainment is an unjustifiable exploitation of the subjects involved. Most of the complications associated with hypnosis can be avoided by adhering to the following principles:

1. Amateur and stage hypnosis should not be done.
2. Avoid authoritarian symptom removal.
3. Use uncovering techniques cautiously. Hypnosis can be a useful technique with severely disturbed patients but should be used only by well-trained therapists.
4. Never use hypnosis to treat a condition that you would not be qualified to treat without hypnosis.
5. Make an accurate diagnosis before beginning treatment.

Further research is needed to establish the role of hypnosis in UEs and to determine the incidence of UEs in clinical populations.

Hypnotizability and facets of openness.

Glisky ML Kihlstrom JF

Int J Clin Exp Hypn 1993 Apr;41(2):112-23

Absorption, a correlate of hypnotizability, is related to a broader dimension of openness to experience, one construal of the "Big Five" structure of personality. But openness itself is very heterogeneous, and some of its facets may be unrelated to hypnotizability. A total of 651 subjects completed a questionnaire measuring three different aspects of openness—absorption, intellectance, and liberalism—before receiving the Harvard Group Scale of Hypnotic Susceptibility, Form A. The three dimensions were only modestly related to each other, and only absorption was significantly related to hypnotizability. Adding intellectance and liberalism to absorption did not enhance the prediction of hypnotizability. The results indicate that the various facets of openness are rather different from each other and that the "Big Five" structure may need to be expanded. Absorption and hypnosis share a kind of imaginative involvement that is not necessarily part of other kinds of openness, such as intellectance and liberalism.

Persinger's Corner

Geophysical variables and behavior: LXXI. Differential contribution of geomagnetic activity to paranormal experiences concerning death and crisis: an alternative to the ESP hypothesis.
Persinger MA
Percept Mot Skills 1993 Apr;76(2):555-62

A total of 621 reports (experienced over an approximately 70-year period) of putative psi experiences concerning death or crisis were differentiated according to traditional labels: telepathic, precognitive, and postmortem phenomena. The 232 telepathic experiences occurred during 24-hour periods in which the global geomagnetic activity was significantly less (quieter) than during the days before or after the experiences; this relationship was not displayed by the 186 precognitive or 203 postmortem cases. Key day differences in geomagnetic activity for the three classes of experiences were equivalent to a correlation of about 0.35. Although content analysis suggests that nocturnal psi experiences and temporal lobe epilepsy may share a similar mechanism, different classes of subjective psi experiences may not be affected by the same stimuli.

Average diurnal changes in melatonin levels are associated with hourly incidence of bereavement apparitions: support for the hypothesis of temporal (limbic) lobe microseizuring.
Persinger MA
Percept Mot Skills 1993 Apr;76(2):444-6

Transient suppressions of nocturnal melatonin levels due to enhanced geomagnetic activity have been suggested as the precipitating source of experiences of postmortem (bereavement) apparitions when the brain has been sensitized (grief) by elevations of the epileptogenic neuropeptide, corticotrophin-releasing factor. Although the hourly incidence of subjective experiences of telepathy, precognition, and bereavement apparitions were all significantly correlated with published indices of hourly melatonin levels, only the significant association between melatonin levels and apparitions was not changed when the other two classes of psi experiences were held constant.

Paranormal and religious beliefs may be mediated differentially by subcortical and cortical phenomenological processes of the temporal (limbic) lobes.
Persinger MA
Percept Mot Skills 1993 Feb;76(1):247-51

The vectorial hemisphericity concept predicts that endorsements of beliefs in paranormal phenomena are associated with elevated subcortical (complex partial epileptic-like signs) temporal lobe experiences while endorsements of religious beliefs are associated with experiences of the right (cortical) hemispheric equivalent (the sensed presence) of the linguistic sense of self. Partial correlation analyses, which removed the expected shared variance, supported this hypothesis for 400 men and 400 women; religious affiliation did not contribute any statistically significant influence. However, agreements with extreme religious beliefs, such as killing others in God's name, were associated with weekly church attendance and were primarily endorsed by men but not by women.

Near-Death Experiences

Culture, biology, and the near-death experience. A reappraisal.
Kellehear A
J Nerv Ment Dis 1993 Mar;181(3):148-56

Life review and tunnel sensation in near-death experiences appear to be culture-bound phenomena, confined largely to societies where historic religions are dominant. The clinical literature postulating biological theories for life review and tunnel sensations, therefore, may have been developed somewhat prematurely. The present review argues that social and historical explanations are more persuasive in the context of the available evidence presented here.

Post-Traumatic Stress Disorder

Psychophysiologic testing for post-traumatic stress disorder:
Pitman RK Orr SP
Bull Am Acad Psychiatry Law 1993;21(1):37-52

The validity of the post-traumatic stress disorder (PTSD) diagnosis is limited by both the illusory objectivity of the traumatic event and the subjectivity of the ensuing syndrome. These limitations are especially problematic in the forensic setting. Psychophysiologic measurements may strengthen PTSD's forensic value by offering a more objective assessment technique for cases that find their way into the courtroom. Based upon the results of published research studies conducted in a range of military and civilian, PTSD and non-PTSD subjects, psychophysiologic data can provide evidence helping to establish or refute the presence of the DSM-III-R PTSD arousal criteria, as well as aid psychiatric experts in estimating the probability of the disorder's presence in a given claimant. Psychophysiologic testing should be viewed as one component of a multimethod forensic psychiatric evaluation for PTSD. It is likely that it will soon be offered and, given current legal standards, admitted as evidence in civil and criminal litigation.

Post-traumatic stress disorder and the law: critical review of the new frontier.
Stone AA
Bull Am Acad Psychiatry Law 199321(1):23-36

Since its debut in the psychiatric nomenclature in 1980, post-traumatic stress disorder (PTSD) has had a dramatic impact on criminal and civil jurisprudence. PTSD has created a cottage industry among both criminal and negligence attorneys and mental health practitioners. The diagnosis first achieved public notoriety when it was introduced as a new basis for the insanity defense. More recently "syndrome evidence" of the subtypes and variations of PTSD have encroached on the substantive criminal law of self-defense. In addition, the diagnosis may have an impact on such traditionally legal and factual determinations as the credibility of witnesses and may undermine conservative tort doctrine that attempts to cabin psychic injury. The emerging legal area of victims' rights has been strengthened and paradoxically divided by PTSD. Yet the newly defined disorder of PTSD has not borne such a heavy forensic burden easily. Indeed the diagnosis poses for psychiatry some of the very problems it supposedly solves for legal purposes, including the illusory objectivity of the causative traumatic event and the expert's dependence upon the victim's subjective and unverifiable reports of symptomatology for the diagnosis.

Post-traumatic stress disorder due to devastating burns overcome by a single session of eye movement desensitization.
McCann DL
J Behav Ther Exp Psychiatry 1992 Dec;23(4):319-23

This article reports on the effective use of a single session of eye movement desensitization (EMD) in the treatment of an exceptionally severe case of post-traumatic stress disorder (PTSD). The patient was the survivor of burns that left him with massive scarring, total deafness, bilateral amputations of the upper extremities above the elbow, severe contractures, and severely damaged feet and ankles. He had endured 8 years of intense suffering from symptoms of post-traumatic stress disorder.

Miscellaneous Items of Interest

[The dynamics of somatosensory and visual evoked potentials as a correlate of reversible states of altered consciousness] Dinamika somatosensornykh i zritel'nykh vyzvannykh potentsialov kak korreliat obratimykh sostoianii izmennogo soznaniia.
Gordeev SA Baziian BKh Liubimov NN
Biull Eksp Biol Med 1992 Nov;114(11):451-3 (Published in Russian)

Somatosensory and visual evoked potentials (EPs) of the brain of 17 sensitive subjects (extrasenses) and 12 ordinary healthy subjects were studied. It was found that during extrasensory activity (direct

impact, meditation) in comparison to rest values, the amplitude of intermediate and late components of visual and somatosensory EPs of both hemispheres and early components of somatosensory EPs of ipsilateral in relation to stimulation hemisphere diminished 2-4—fold. There was a recovery of these components after discontinuation of extrasensory activity. It is shown that ordinary subjects could not change their EPs when they tried their best to decrease EPs. It is suggested that the ability of extrasenses for reversible changes of their mind by direct adjustment of the activity of the ascending nonspecific systems of the brain and by alterations of interhemispheric relations forms the basis of extrasensory activity.

Experiencers' Section

How are Experiencers' Needs Being Met?

by Georgia Flamburis

For a while now I have been receiving BAE and continue to find the articles informative and the authors knowledgeable. I would like to contribute to furthering understanding of the UFO experience by addressing the issue of how well experiencers' needs are being met and hopefully by opening up discussion in BAE on this topic.

Perhaps the following comments and brief summary of personal experiences of these CEIV events in my life can be of some use in fostering increasing attention to experiencers' well-being in BAE:

I've spent the last five years exploring lifelong fragmented UFO memories and paranormal experiences. I suffered from years of insomnia, fearing recurrent paralyzing nightmares of strange entities coming to take me and of powerful metallic machines in the sky.

I've experienced hearing heavy footsteps; having blankets pulled off me, folded back or gently tucked in; impressions of anomalous entities; buzzing, ringing, and clicking noises; air pressure changes; light flashes; mechanical sounding voices in my head and on the phone; anomalous sightings; precognitive dreams; dreams of hybrid children; and many kinds of psychic experiences.

During this five-year period, I've been hypnotized to explore fragmented and haunting dreams and memories; joined support groups which helped me feel less isolated and more accepting of my experiences; used therapeutic body work and psychotherapy as tools for integration, healing, and growth. I've met with some wonderful supportive experiencers, investigators, clinicians, and a theologian, and have become a support person myself.

I would like to address the following 10 issues and invite comment:

1. Becoming a support person was often helpful to myself and others. But at times I unwittingly indulged and perpetuated obsessive compulsive patterns in myself and other experiencers I was trying to support. I had to learn boundaries. Some experiencers may unintentionally overstep boundaries, failing to set limits on their own sense of responsibility. Few experiencers are trained or qualified to appropriately support one another. This boundary problem may apply to some investigators and researchers as well, as some have acknowledged and others may be unaware.

2. Some experiencers exacerbate the already stressful process of experiences by over-interpreting messages or visions which made them feel chosen, special, or gave them a sense of mission. Often they are not informed enough to seek out others more knowledgeable about "discernment" or coping skills. For example: I utilized the services of both a psychiatrist and a theologian to help me discern the meaning of a profound but confusing spiritual dream I had. Their assistance helped me to understand and integrate its meaning.

3. Additionally, some experiencers suffer depressions and are not aware their personal needs may be overlooked while participating in a research project or attending a support group.

4. They may also not know if they are prone to suggestibility and possible confabulation while trying to validate and comprehend their anomalous experiences. They need to become aware of this issue. For example, I met with clinicians to help me identify and cope with these problems. Some clinicians and researchers are addressing these issues in their work, but others are less knowledgeable and experiencers may not know the difference.

5. Some researchers are interested in ways to ward off "abductions" or visits by unwanted entities. While this might be helpful to some experiencers, others may find that it can also be a distraction and an emotional drain as well as an additional focus for obsession and loss of time and energy.

6. Often I felt caught between a rock and a hard place trying to live my life while processing anomalous experiences. I felt my core identity and sense of consensus reality being shattered by these experiences. It only added to this confusion if one researcher inferred that I was delusional because I felt many of my experiences were positive, or another said I was wrong when I felt some of my experiences may have been negative. Such comments are meant to be helpful but often they feel manipulative and invalidating.

7. The term "abductee" is an interpretation. I do not feel it correctly identifies all experiences, especially since we do not know the reality level of this type of non-ordinary experience yet. I usually use the term "experiencer." Some abductee/experiencers do not like either label. Some do. How can we label this type of CEIV experience without precluding further judgment?

8. Acknowledging that some researchers and clinicians have addressed the following, I would like to say that I too feel it is important that the issue of factions within the UFO community be addressed. Keeping covert from subjects and patients the existing division of UFO research into factions and belief systems, compounds experiencers' confusion. Possibly this division of groups and ideologies creates a type of cult mentality and cult following. How does this impact the experiencer and how can the experiencer become faction-aware?

9. It may be helpful as well to address how possible hoaxes and disinformation may influence the experiencer and affect the quality of research. For example, if several researchers believe a case like an "MJ-12" or "Gulf Breeze" is a hoax, knowledge of this opinion (through BAE?) would give experiencers a more balanced perspective and lessen the likelihood of possible hoaxers acquiring a following of experiencers who are looking or clarification.

10. It would also be useful to discuss the importance of the support group leadership role and qualifications and what should be the benefits, goals, objectives of experiencer support groups.

These are some issues I believe would be valuable to address in BAE. I would like to conclude by saying it cannot benefit an experiencer to be hypnotized to prove a theory. Nor is it beneficial to the experiencer to be faulted for unknowingly misinterpreting an experience. Persons who have had CEIV experiences do not need to be negated, labeled, or expected to conform to a belief system. They need to be informed and empowered to gain knowledge, integration, and a sense of self and enabled to find personal meaning in their personal experience. Additionally, research should always be conducted responsibly and ethically to protect the subject, the investigator, the clinician and the quality of research.